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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

DR. W. C. ABBOTT; DR. W. F. WAUGH.

ADDRESS

THE ALKALOIDAL CLINIC,
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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send *THE ALKALOIDAL CLINIC* for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

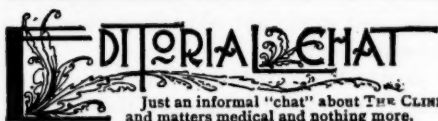
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

Address as above.

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IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about *THE CLINIC* and matters medical and nothing more.

THREE PROPOSITIONS.

Last month we asked our friends to help us extend the usefulness of the *CLINIC* by a little personal effort in getting new subscribers. Some have done so, yet others have not, and we again urge you to join us in giving the *CLINIC* the circulation it deserves. While we are getting many new members into the *CLINIC* family every

month, and making a record probably never equalled in American medical journalism, we yet feel that the *CLINIC* deserves a more general recognition than it is receiving and we want you to help us place it where it belongs.

Therefore, we have made the three propositions outlined upon the front cover, and we urge you to call the attention of your medical friends to them.

The first is, of course, the one of greatest importance, the one that should be accepted above all others, but if a doctor remains undecided the second or third will easily start him going, and a true friend to the *CLINIC* should not hesitate even to place a subscription for a brother, under the third proposition, out of his own pocket if need be.

And we will further add that if any subscriber with his renewal will send us an extra \$1.00 and the names of ten medical friends, we will send the *CLINIC* to each one of the ten for the remainder of '97, September to December, inclusive. And if any subscriber will get up a club of three new subscribers and send us \$3.00, we will send each of the new subscribers a nine-vial premium case and extend the old subscriber's subscription one year.

Won't you take hold now and see what you can do for the *CLINIC*, while at the same time the *CLINIC* is doing its best for you?

POSTAL SAVINGS BANKS.

One of the most important topics of the day is the current agitation for postal savings banks, to be located at convenient points under the management of the post-office department, wherein people of small means, clerks, laborers, children, etc., may deposit their mites where they would be

absolutely safe and draw a reasonable amount of interest. We leave it for the secular press to educate the people on this subject. The purpose of this editorial is to congratulate the medical profession that it is one of our own brethren who has done more, we believe, than anyone else to bring about the present lively interest in this matter. We refer to the modest, unassuming, genial and able editor of the *Medical World*, Dr. C. F. Taylor, whose "Monthly Talks" on this and many other subjects of governmental polity, are worth every month ten times the price of the journal for the year.

It matters not whether his readers agree with him or not. They cannot read his papers without profiting materially thereby. Dr. Taylor writes what he knows. His deductions are his honest convictions. He believes what he says and says what he believes. We urge every member of the CLINIC family who is not already a subscriber to the *Medical World* to become one; for a dollar, whether it be gold or silver, or even the despised but very convenient paper representative, cannot be better invested; and if you let the doctor date you back for a full file for '97, or at least send you a set of reprints of his "Monthly Talks" to date, you will do all the better.

CELANDINE.

From the *chelidonium majus* are obtained two alkaloids. Chelerythrine is a reddish-yellow powder, soluble in alcohol, ether, chloroform, amylic alcohol, benzine, petroleum, ethereal oils, etc. A cardiac poison. Chelidonine is in white crystals, soluble in alcohol and chloroform, very slightly in ether, insoluble in water. Not toxic like chelerythrine.

These notes constitute all Merck has to say upon the subject; excepting that chelidonine sulphate is narcotic like morphine, but not as poisonous. It is soluble in water.

ANOMALY IN LIFE INSURANCE REPORTS.

Looking over a monthly report of a mutual insurance society of which I am a member, I noted some curious facts.

Fifteen deaths were reported from phthisis pulmonalis. These men had paid into the treasury \$694.50, and their beneficiaries drew out \$27,400. The payments were $2\frac{1}{2}$ per cent of the sum withdrawn. One man had only paid in \$2.80, and his heirs received \$1,000.

As the average duration of a consumptive case is about eighteen months, it would seem that any sort of care in the preliminary examination would insure the society against deaths from this disease for that length of time, but an analysis of this report shows that the consumptives actually pay in a smaller percentage than those dying of any other form of disease. For instance, the ten who died of heart-disease paid in \$790.85 and withdrew \$12,000; their payments being over six per cent of their withdrawals. And yet one might be pardoned for failing to detect an obscure heart-lesion, much more than a consumption.

Lung diseases other than phthisis come suddenly and hence may be expected to take away a member at any time, yet the twenty who died of these affections paid in \$965, and drew out \$31,000, paying over three per cent.

Accidents (including suicide) may occur at any time; and it seems as if these should show the largest loss to the society, yet the twenty-four persons whose beneficiaries drew out \$37,134 had paid in \$1,672, or $4\frac{1}{2}$ per cent.

Altogether it looks as if there might with advantage be a closer scrutiny upon the deaths from consumption occurring within a year from the member's entrance into the order; especially in a case where a young man insures himself for the benefit of a father or brother, and dies of consumption

in less than three months. True, a galloping consumption may kill in much less time, but such cases are exceptional; and the analysis shows that the deaths from consumption shortly after admission are not exceptional.

Let examiners be better paid and give them some degree of responsibility in such cases, unless they use the tuberculin test, and the interests of the membership and stability of the order will be enhanced.

BAD HYGIENE AND MALIGNANCY.

During my service in the Philadelphia Board of Health, I was struck with the invariable association of malignancy in febrile attacks with bad hygiene of the premises or surroundings. Here, I have been frequently consulted in similar cases; and my first inquiry has been as to the environment. The answer has as invariably been: "Bad," or "As bad as possible."

I now wish to suggest that our readers shall take up this matter and report to the CLINIC any cases that may come under their notice, when severity of diphtheritic, typhoid, malarial or other attacks, coincides with bad hygienic conditions in and around the premises.

DIGITALIN.

In the *Journal of the American Medical Association* of June 26, 1897, Dr. Henry Beates contributes an interesting paper upon the dosage of digitalin. He selects Merck's pure Germanic digitalin as the basis of experiment, as a simple, uniform product, freely soluble in water and quite readily in alcohol.

By close observation of the effects produced he established the minimum dose for an adult at gr. 1-10, the maximum at gr. 1-2. These doses were deduced from observations of patients to whom they were given for months and even for years.

There was no tendency to gastro-in-

testinal irritation from the use of this preparation, nor was there the slightest indication of a cumulative effect.

Dr. Beates says:

"The scope and usefulness of this medicament are greater by far than appear at first glance. In all lesions of the heart, with the single exception of mitral regurgitation complicated with dilatation of the auricle, this drug is a *sine qua non*. The non-interference with the stomach, and its certain action upon the cardiac system and vaso-motor area, in the doses recommended, bring it into prominence when its achievements are contrasted with those of the usually employed official preparations.

"In more advanced senility, characterized by retrograde changes in the venules and associated degenerations, and in which the *arcus senilis* is established, where the premonitory phenomena of apoplexy occur and are indicated by such marked symptoms as confusion of the intellect, incomplete aphasia with facial and other partial but transient palsies, the drug is, contrary to usual belief, indicated. This position is assumed after years of careful observation, with results that cannot be disputed. The symptoms mentioned are due almost entirely to degenerative changes of the walls of the blood-vessels. The vaso-motor constrictors have failed in their function and that condition so essential to normality—circulatory equilibrium—is lost. The peculiarity of the venous system in having the capacity for containing the entire volume of blood in the body is here well shown, and the tension and pressure, always present in this condition, ruptures the altered radicals, as well as interferes with the phenomena of nutrition. The indications for treatment are plain, both from the mechanical and the vital standpoint; they are evidently restoration of the weakened heart, as far as possible, and especially of the vaso-motor tone. This, this remedy accomplishes, and in so doing the circulatory equilibrium is established and the distending forces upon the friable venules proportionately removed. Again, nutrition is rendered possible and life prolonged under the influence of the drug. To-day there are living individuals who have enjoyed immunity for from one to three years from

symptoms which had long ago threatened destruction.

"Another type of senility is constituted by albuminurics, who furnish examples of cyanotic kidney and who, with the usual concomitants of age, are additionally exhausted by the loss of albumin. This form of albuminuria greatly improves under the proper use of the remedy, and gain of flesh, strength and comfort is assured and pronounced.

"Fatty or primary degeneration of the cerebral cortex, if treated in the incipient stages, seems to be checked for considerable lengths of time.

"The muscular weaknesses and vaso-motor phenomena of those who recover almost entirely from hemiplegia except in these particulars, and whose cardiac tone remains impaired, are much benefited.

"Its use in overcoming the vaso-motor element of shock and in proper cases of disease requiring a capital surgical procedure, in which by reason of a poor circulatory system an anesthetic is dangerous, has been successfully tried in a limited number of cases, but sufficiently to prove its value. The circulatory crisis of acute lobar pneumonia can be overcome, and the author has twice within the last few months so done by administering two grains of this alkaloid within two hours."

Dr. Beates is a bold therapist, who does not hesitate to give quinine arseniate in grain doses. But he prescribes for effect, and watches his cases closely. I would disagree with him in giving digitalis in aortic disease, especially when there is cardiac atrophy. And in general I prefer sparteine for long-continued use, not because I dread the cumulative action of digitalis, but because it constricts the coronary arteries, lessens the supply of blood for the heart's nutrition, and thus favors fatty degeneration. Nor has he said the last word as to cumulative action; for if the kidneys do not eliminate all the digitalis taken, it will accumulate as well as morphine or mercury.

Besides, digitalin is unsuitable for aortic insufficiency by reason of its stimulation of the ventricular systole, its slowing the pulse-rate and allowing more blood

to regurgitate. There is a growing tendency on the part of some authors to brush aside these distinctions and to urge digitalis as a sovereign remedy for all forms of heart-disease, regardless of their nature. I have seen digitalis given in full doses in a case of cardiac hypertrophy, and on the second day of its administration the patient fell dead.

The iodides are preferable for hypertrophy and strophanthin for aortic disease.
--ED.

OSTEOPATHY.

There has been sent to our office a copy of the *Journal of Osteopathy* for June, 1897, with a request that the editor should examine it and judge for himself what osteopathy actually is. Assuming that in making this request the parties interested present this journal as a fair sample of their claims, I have made the examination requested as thoroughly as possible; having read the journal from cover to cover, and corresponded with every person named whose cases seemed to deserve such attention. I have taken this trouble because the claims of the osteopaths and the means they are taking to further their projects, have aroused considerable interest; and because there is generally to be found at the bottom some valuable truth in every "ism" or "pathy" that makes its appearance. And I most emphatically dissent from those who are ready to denounce without hearing or examining every new idea that is broached in science, ethics or political economy. Whether I have been able to divest myself of prejudice and make a dispassionate judgment of this matter, my readers may easily settle for themselves by obtaining a copy of the journal in question.

The first article in the journal is by John R. Musick. He adverts to the opposition met with by those who disturb existing dogmas, especially in medicine, and introduces Dr. Still as the discoverer of the

"theory that drugs are not essential to life and happiness."

This assumption is further developed in the next paper by A. D. Conger, who also discovers the existence of a "great medical trust," and of a wild desire on the part of the public to be cured without drugs. He further describes the progress of osteopathy in its concerted movement upon the state legislatures. He quotes his own case as follows: He had a stroke of paralysis, January 11, in Boston. On January 17th he arrived at Kirksville, Mo., and after four weeks' treatment was able to "arise, dress himself and walk about."

Considering that the stroke was so slight that he could travel nearly 2,000 miles in winter during the six days immediately following, four weeks seems a long time to be required to enable him to do so little. He seems enthusiastic over the result, but no really capable physician would plume himself on such a case.

Next follows a quotation from Dr. Still, which I quote entire:

"Since osteopathy has been made by law equal to any other school of the healing arts, it will be as bold in the future as in the past, to give the reasons why it asked legal equality. First, we wanted the epaulets of law on our shoulders, so we could meet the enemy in open fields and measure sabres, and from now on we are in line and will try shot and shell, and meet the champions of drug in open field, to charge in any engagement for the belt. —A. T. Still."

If the rhetoricians' "trust" employs a "bone-setter" for disjointed thoughts and misfit expressions he ought to tackle that selection at once. Does law sport epaulets? Are these ornaments necessary before an enemy can be met in open fields? Is it fair to measure sabers and then resort to shot and shell? How can the latter be employed in a charge, and for what sort of a belt do people fight thus? These questions ought to be settled at the outset, for throughout

this publication everybody is waving flags or planting standards or assaulting enemies or defending ramparts, and the air is full of one-sided martial clamor that vividly recalls the knight of La Mancha.

On the next page appear the portraits of the faculty of this college, which seems to consist of a president, two vice-presidents, superintendent, secretary and assistant, librarian, treasurer, demonstrator of anatomy, one teacher each of physiology, urinalysis and descriptive anatomy, a teacher unspecified and six operators. This would seem to indicate that the business side of the enterprise somewhat outclasses the scientific.

The next paper is upon the urine, by Dr. Sippy. He finds lactic and oxalic acids in normal urine, and scattered through his article are such gems of literary culture as: "the changes it undergoes *is*," "Amorphus;" "Functural;" "Small quality of Albumen intermittence;" "Sugar is not as important as formally supposed;" "Uretha." The whole paper bears sufficient evidence of the lack of scholarship so painfully evident throughout the journal. Whatever may be the scientific attainments of the "Osteopaths," these must be far in advance of their literary culture if they are to deserve respect.

The author of the next is a graduate of Harvard and a minister; likewise a student in the osteopathic school. Out of deference to the first we will assign the orthographical eccentricities of the paper to the proof-reader; but does Harvard permit such tautology as "anabolism, metabolism and katabolism?" Does not his theological training deter him from making the statement that "these physiological processes are not only not helped by drugs, but violently disturbed and ultimately arrested"? While even a first course medical student ought not to talk of the "nitre of potassium."

Dr. Smith treats of "three essentials," anatomy, physiology and symptomatology. A critic might carp at the sentence: "Our

students will either leave us fitted to undertake the care of the sick and to treat them intelligently or they can stay here for the rest of their natural lives." This seems rather tough on the sick, who are to spend their lives at Kirksville if the students fail to pass their examinations. But this is a trifle beside the assertion that a patient supposed to have cancer of the stomach had passed no urine for three months! The "cancer of the stomach" proved to be a distended urinary bladder!

I shall not take up more space with these matters, except to note a few of the more remarkable evidences of originality found in the balance of the journal, such as: "vitalize and dispel disease;" "woman's very existence depends upon her difference from man;" "she places herself pecuniary above all concern;" "the doctors who heal with drugs have declared that there is no other way of regaining lost health than by their methods;" "deciples;" "diagnostican;" "massuer;" "amasement;" "cotorie;" "theorums;" "one patient brought from an insane asylum was endowed with sense in a few weeks, and he straightway enrolled as a student"(!); "corriculæ;" "magazine;" "the paper and presswork is first-class;" "placed on the role of council;" "astygmatisim;" "osteopathically;" "occulists;" "I have a practice which has touched all the principal towns" [honest confession!].

This will give my readers a sufficient idea of the illiteracy of these people. What concerns us most is the scientific nature of their qualifications. Briefly, the system of osteopathy appears to be this, that the student at Kirksville is thoroughly trained in anatomy upon the living body, going over and locating the bones with all their prominences and depressions, then the ligaments and muscles attached, and the vessels, nerves and other structures as related to the bony framework of the body. By this method of training the student is so familiarized with the living

human body that he is enabled to detect many deviations from the normal standard that would escape the ordinary physician and which are yet capable of accounting for many of the ills that affect the body.

Now, as to the value of this method of teaching anatomy there can be no question, or of its vast superiority over the methods in vogue at the medical schools of the present. It is not a new method, but has been advocated by Gray, the anatomist, and others. I well remember hearing Pancoast urge upon his students the importance of studying "living anatomy." It should be introduced into the schools of medicine at once, and a large part of the additional time secured by lengthening the course should be thus utilized. Frankly, I know very few doctors from whom a crooked spine or a sprained joint would receive as intelligent treatment as from an ideally proficient osteopath. Whether this ideal is actually realized we shall see later.

But this not enough to warrant the erection of a new school of medicine, and so we are informed that Dr. Still has discovered nervous centers and other wonderful things that had hitherto escaped even the eagle eye of the German microscopist. These and other discoveries Dr. Still keeps as a secret, only to be learned by entering his school and paying down \$500 on entrance for the four years' term. And yet the right to make such discoveries does not extend beyond the Still family, for in the journal before me one of the sons warns against the osteopath who pretends to have made a "new discovery" that enables him to out-osteopath the originator of osteopathy. And that these pretenders may be more effectually controlled, the law introduced into all the legislatures applies only to graduates of the Kirksville school who have taken four annual courses there. Graduates of previous years may return and complete the required term, when they may receive new diplomas if the faculty chooses.

This is not a bad scheme for the men who are howling down the "medical trust," and working up public sentiment against the "doctor's monopoly!"

But are the results obtained by this new school of practitioners sufficiently good to justify them in forming it into an exclusive therapeutic system? We will examine their own records and see. They claim fifty per cent of cures, of all cases treated at the infirmary connected with the Kirksville school. This seems a very low average, when we consider the powerful influence of suggestion in connection with a new method, and the character of cases that are always eager to try the "latest theory out." Statistics as to specific diseases are not furnished, but we are given the details of a number of cases.

Governor Foraker's boy, said to have heart-disease, has "improved" during six months' treatment at Kirksville. That does not sound very wonderful, but the Forakers appear to be well pleased.

Mrs. de Lendrecie, of Fargo, N. Dakota, says she had had one breast removed for cancer, the disease reappeared in the other breast and a "Chicago specialist" advised removal. "I went to Kirksville and was completely cured in six weeks' time. My own eyes saw and my own hands felt the obstruction that caused the trouble in both cases, and I know very well that the knife was never necessary in my case." Mrs. de Lendrecie went into the legislature and secured the passage of the bill legalizing osteopathy.

Unfortunately we have not the report of the microscopist on the first tumor, nor have we the name of the eminent specialist who diagnosed the second. The first is necessary to prove the cancerous nature of the tumor, which the history renders doubtful. And there may be found here "specialists" who would diagnose cancer if a patient sneezed. I have received a letter from one of Fargo's most prominent physicians, who informs me that no one

there believes that Mrs. de Lendrecie had cancer, but that it is currently reported that she is pecuniarily interested in the osteopathic infirmary there, and hence is not a disinterested witness.

Miss Minnie Shuab, of St. Louis, is reported as having been cured of astigmatism by osteopathy, and a personal letter from her confirms this claim. But she refuses to name the oculist who had previously treated her, and this spoils the case-record. However the claim may be well-founded, as I have had a case of forming cataract which disappeared under massage; so why not astigmatism?

Mr. Henson, of Stokes, Ill., testifies that his wife was cured of mania by osteopathy. It is not unlikely that a source of reflex irritation might be discovered and removed by this method. I cured a homicidal maniac once by relieving him of a tape-worm, but it did not occur to me that I had worked a miracle or that I was entitled to found a new school of practice upon the case.

Hon. H. W. Chynoweth, of Anaheim, Cal., was supposed to have a tuberculous knee. The osteopath diagnosed a tibial dislocation, and this was confirmed by the X ray.

Mr. Chynoweth's letter to me, however, puts the matter differently. He states that the osteopath diagnosed a dislocation of the fibula, and promised a cure. The X ray showed that it was the tibia which was dislocated backwards about half an inch. Three months' osteopathic treatment resulted in no perceptible benefit, and the knee is still disabled.

Here we have a case in which the osteopath should easily excel the ordinary doctor, by virtue of his special training; yet the osteopath makes a wrong diagnosis and totally fails to give relief, after a patient trial. Yet he reports the case as cured, on a request from the *Journal of Osteopathy* for his most remarkable instance of the value of osteopathy.

This throws doubt upon the other cases described, especially as only one of the patients whose addresses are given replied to my letters; and that one was a simple case that neither proved nor disproved anything.

One other claim of the osteopaths must not be allowed to go unchallenged, that of the safety of their system. There is never safety in ignorance. Patients not only die while precious time is being wasted, but they may die of the treatment. An old farmer in Pennsylvania had bony ankylosis of both knees. The "regulars" declined to meddle; but a "bone-setter" (local term used for osteopath) promised to straighten the old man's legs. And he kept his promise. He had the barn-door taken off its hinges and brought to the sick-room. The patient was laid upon the floor, the door placed upon him, and the "doctor" and an assistant got up on the door and stamped. The patient's legs were straightened so effectually that the undertaker was enabled to get him in an ordinary coffin, three days later, without special difficulty.

This may be the sort of treatment the public is hungering for, instead of the "terrible drugging" of the doctors who knew nothing could be done and told the man so, but it does not look that way. The science of osteopathy is false; its practice is arrant quackery; and there is not a shadow of justification for the claim that its disciples should be allowed to practise their art without the supervision of the State Board of Health. All the benefits possibly derivable from the system can be obtained far better by the use of the living body for teaching anatomy in the regular medical schools.

ENLARGED SPLEEN.

A correspondent asks for treatment of enlarged spleen, probably malarial. The organ weighs about five pounds. The enlargement has been noticed about ten years.

QUININE AGAINST INSOLATION.

Prof. C. Binz writes in the *Deutschen Militärärztlichen Zeitschrift* about quinine in insolation as follows: "Insolation is evidently nothing else than a peculiarly difficult metabolism produced by an excessive temperature of the body. The albumen-changing cells generate a product which changes the blood and poisons the nerve-centers, and in this way gives rise to the well-known group of symptoms. It is well known that quinine depresses all activity, especially in the presence of higher degrees of bodily temperature as in fevers." Quinine, therefore, ought to exert the same influence on the over-heated cells in the case of insolation. In accordance with reports from English Indian military physicians, and from his own experiments on animals, Binz recommends the use of quinine in the form of subcutaneous injections, by which a quick and certain effect can be obtained. The bichlorate of quinine proved itself the best in the practical use of this therapeutic means. It is soluble in distilled water at the temperature of the room, and retains its clearness of solution on the march. The dose should be so regulated that an injection should contain 0.24 (3.86 grains) of that quinine salt. The injection may be repeated if necessary.

FUEL FROM GARBAGE.

Dr. F. W. Reilly proposes to dispose of Chicago's garbage by transforming it into fuel. Large boxes are to be placed in the chimneys of the various pumping and electric light power stations, where the material can be dried, partly carbonized, and then used as fuel. As the power plants are pretty evenly distributed over the city, there would be little expense for hauling.

This plan is certainly an improvement on the present method of dumping the refuse into the lake, but it would appear that the garbage ought to be worth more for fertilizing purposes.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

RHUS TOXICODENDRON FOR PSORIASIS.

By John Aulde, M. D.

THE frequency with which the treatment of psoriasis is referred to in the current numbers of the CLINIC prompts me to report an incident which occurred some years ago.



JOHN AULDE.

A medical friend from a distant state was visiting me, and in course of our conversation said: "Doctor, you seem to be pretty well up in therapeutics; now, what do you think is a good remedy for psoriasis?" "Well," I said, "you know that nearly all diseases of the skin are due to derangements of the digestive apparatus, psoriasis among the number. Treatment, therefore, should be directed first to the condition of the digestion, and especially the intestinal digestion. With that corrected, there is probably no remedy in the entire pharmacopœia which gives such promise of success as the tincture of *rhus toxicodendron*, prepared from the fresh leaves. The dose should be one drop three or four times a day, the amount to be increased should the condition of the disease demand it."

About a year later I had the pleasure of meeting my friend again, and it occurred to me to make some inquiry as to the results in the treatment of psoriasis, and he replied that it proved a great success. He said, also, that they had found it impossible to obtain a tincture prepared from the fresh leaves, so he had prevailed upon a medical student to gather some, in accordance with my published directions in November, 1889, at which time I took the risk of

attempting to revive the use of this well-known remedy.

In beginning treatment with *rhus* it is important that the dose should be small, as those persons susceptible to the poison, which is believed to be toxicodendric acid, a volatile substance, are affected very readily by its internal administration. I have one patient who is able to take but one drop daily, in divided doses, and, even with this small dose, distinct physiological manifestations appear within a few days, and the drug must be discontinued. Again, I doubt if this remedy will yield such brilliant results in persons who do not "take" the poison, and it might be well, therefore, to make some inquiry as to the personal susceptibility.

What is the physiological basis of this method of treatment? Here we come to a stumbling-block for thousands of medical practitioners. They do not use it, because no one has as yet given a satisfactory explanation of its physiological action, because prominent teachers have condemned its use, because the dose is too small, and finally, because the homœopathic physicians use it extensively and in fact claim it as their own. Just a word to note that it was official in the British Pharmacopœia at least a generation before Samuel Hahnemann invented the name of homœopathy; and, I believe, fell into innocuous desuetude from the attempt being made to obtain an active product from the dried leaves.

Rhus toxicodendron is a cellular stimulant, through its irritant effects at the points of elimination; first, through the mucous membranes, and second, through the skin. In the case of psoriasis, being a poison, it promptly seeks the diseased area, and if the dose be small enough, its irritant effect upon the cells of the inflamed skin is that of a stimulant, urging them to increased activity for the purpose of eliminating waste products.

We all know very well how dangerous it

is to suffer an abrasion of the skin, owing to the thousand - and - one poisons to which we are constantly exposed, but it rarely occurs to us that the excretions from this same abrasion may be quite as active as the unknown external causes.

Again, we must bear in mind that the stimulating action of the rhus is not limited to the affected area, but extends to all the mucous structures as well as to the entire cutaneous system; hence, we are in a position to comprehend the value of such a remedy, even if we make no mention of its well-known effects upon the vital functions.

For example, I believe that its recognized cardiac properties are mainly due to the powers which it possesses as a so-called "alterative;" just the same as I believe that potassium iodide becomes a cardiac stimulant, by favoring the elimination of the waste products.

The same rule applies in the case of the nervous system. But I have not the time to discuss this question as its merits deserve, although sufficient has been said, I hope, to arouse renewed interest in a remedy which has so long been condemned to occupy a position of secondary importance.

In conclusion, I should like to add that there has long existed an urgent demand for an antidote to the effects of rhus, the usual remedies being extremely unsatisfactory. We have in Hydrozone an exceptionally successful remedy for the relief of rhus poisoning, a single application being sufficient to convince the most skeptical. It should be applied freely at intervals of two to four hours; and usually in less than twenty-four hours the inflammation will be fully under control.

What a comfort this news will be to the bicycle riders throughout the country. It is safe; it is effective; and it is prompt.

Philadelphia, Penna.

—:O:—

Dr. Aulde speaks wisely, as he always does, of that elusive drug, rhus. Of its

power there can be no doubt in the minds of those who have experienced it; and one must not rashly condemn it because of a failure.—ED.

THE STATUS OF GYNECOLOGY IN REGARD TO OPERATIONS FOR RETRO-DEVIATIONS OF THE UTERUS.

By Byron Robinson, B. S., M. D.

Professor in the Chicago School of Gynecology and Abdominal Surgery; Professor of Gynecology in the Harvey Medical College and the Illinois Medical College:

Gynecologist to the Woman's Hospital; Gynecologist to the Woman's Charity Hospital and Consulting Surgeon to the Mary Thompson Hospital for Women and Children.

ALL departments of knowledge pass through certain progressive and unsettled stages. This is particularly the case when the knowledges are of the experimental type. Every operator must stand the test of trial, of professional witnesses and that monarch, Time, who bends all records to him-



self. I know of no department in surgery which has changed and rechanged like gynecologic operation; and all because it is in a rapid stage of progress; it is assiduously cultivated and it is the field of wondrous activity on account of the non-fatality of operative procedures.

Opinions in gynecology vary within wide limits, for the reason that it is an intensely individual matter, and collective opinions are as bad as statistics. My own views of gynecology have been gained by personal observations of Austrian, German, English and American specialists. My own special labors in the field began in 1884. In these thirteen years what wonderful changes have occurred! How operators have asserted and retracted, claimed and re-

nounced the utility of operations, changed, improved and modified methods.

It is presumed that the Chicago gynecologists are on a par with those of other great medical centers. Lawson Tait said in 1880 that in twenty-five years hence, Chicago would be the great center of the world for gynecology.

In this short note I will first speak of retroversion or retroflexion of the uterus, over which more diversity of opinion exists than over any other one subject in gynecology. To be short, I mean by retroversion of the uterus, where the uterus lies extended backward and abnormally fixed. It may be fixed by the stiffness of its own walls (metritis) or by peritoneal adhesions (peritonitis). Where there exist many opinions in regard to any subject it may be well believed that the final conclusions of such a matter are unsettled. By retroflexion, I mean where the uterus is curved on its posterior surface and is abnormally fixed.

The operations performed for retroversion and retroflexion* (retroposition) of the uterus are:

1. Alexander-Adams operation.
2. Hysteropexy (hysterorrhaphy and ventro-fixation).
3. Folding or looping the round ligaments inside of the abdomen (Wylie).
4. Vagino-fixation (Mackenrodt).
5. Fixing the ovarian ligaments to the abdominal wall (Kelley).
6. Curettement and replacing by pessary.
7. Forcing the uterus forward by the aid of an intrauterine stem pessary.
8. Shortening the utero-rectal ligaments.
9. Utero-urachal fixation.
10. Cystopexy (vesico-fixation).
11. Repair of the pelvic floor.
12. Hysterectomy.

That the above twelve procedures have been applied to retro-deviations is sufficient to show that non-success has attended some of the operations.

In the first place, the Alexander-Adams operation has no recognized standard. Hence, I notice among some gynecologists apparently this motto, "When in doubt, do an Alexander." It is the stumbling block of gynecologists and the exploiting field for the physician of operating propensities. In this very procedure, often performed without indications, the physician with the operative furor unjustly puts into the shade the conscientious gynecologist, who refuses to employ surgical procedures without standard indications. Besides, the Alexanderites attempt to make the round ligaments, which are secondary uterine supports, into primary uterine supports. The round ligaments are merely guy-ropes or purely secondary supports of the uterus. There is no doubt that the Alexanderite often mistakes the benefit of the month's rest in bed for the effect of his operation.

The Alexander-Adams operation is commendable, however, in that it does not sweep away any organ, does not endanger subsequent pregnancies or destroy any function. It may be followed by hernia, failure or death. I saw double hernia follow an Alexander operation, performed by one of the best gynecologists of Chicago. In order that this operation may be useful, and may not be misused or abused, it must have a more widely recognized pathologic standard and not be a "fame and fee" field for the whim and caprice of individual operators, to the detriment and chagrin of conscientious gynecologists.

Hysteropexy (hysterorrhaphy, retro-fixation) is an operation for the fixation of the uterus against the anterior abdominal wall. It is an operation without physiologic principles, for it fixes a very movable organ. It dislocates a viscus, for a permanently fixed viscus is one dislocated. It invites dangers in subsequent pregnancies, such as abortions and inability to expel the child. It has not a physiologic base for a good future. We now know that the hollow

organs fixed by bands give rise not infrequently to pain. Hysteropexy or hysterorrhaphy is a very dubious procedure before the menopause. The uterus may gradually drag itself from the anterior abdominal wall, producing an elongated pedicle which might serve as a point for intestinal strangulation.

Jacobs reports one case of his own and two attended by other surgeons, where subsequent to retro-fixation the elongated pedicle between the uterus and abdominal wall had killed the patient by (ileus) strangulation. Jacobs has entirely abandoned ventro-fixation. Hysterorrhaphy, hysteropexy and ventro-fixation, all have the same end in view, *i. e.*, the permanent fixation or dislocation of a movable viscus; and hence being contrary to all physiologic laws these operations should be employed with extreme caution. Besides, the performance of fixation of the uterus requires opening the peritoneal cavity, which must always be considered a grave operation for a disease which frequently is quite bearable.

The looping or folding of the round ligaments after opening the abdominal cavity, for the cure of retro-deviations, has never become popular. The operation is too insecure for such a grave procedure as opening the peritoneum. Gill Wylie was among the first to do the operation. I know of no gynecologists following it up, and if the operation were done the round ligaments would soon elongate.

Vagino-fixation for retro-deviations appears to have a fair outlook. Many Europeans, as Martin, Rosthorn, Schauta, Olshausen, Winter and Mackenrodt, who introduced the operation, are fighting shy of it. Its dangers consist in the favoring of subsequent abortions and the impediment to gestation and normal labor. The operation consists in incising the anterior vaginal wall, opening the peritoneum and suturing the anterior uterine surface to the anterior vaginal wall, or to the peri-

toneum on the anterior vaginal wall. This operation, like all others for the cure of retro-deviation, is on trial, which the records of time alone must decide.

The attempt to cure retroversion or flexion by suturing the ovarian ligaments to the anterior abdominal wall was started by Kelley. I should consider it unsafe, for with the gradually elongating pedicle intestinal strangulation would be imminent. I once helped one of my assistants, who had an operative fever, to perform this operation, but have never done it myself and am not liable to for at least some time. I cannot commend the operation.

Some curette the uterus, replace and hold it in place by a pessary. Others curette and hold the uterus in place by an intra-uterine stem pessary. I have abandoned hard pessaries and especially the intra-uterine stem pessary in practice, and hence cannot recommend either of these operations.

Shortening the utero-rectal sacral ligaments, started by Johnston, would be the ideal operation for retro-deviations if its technique could be perfected, for the utero-rectal ligaments are the chief, the primary supports of the uterus. The great size and strength of these ligaments is easily recognized while performing vaginal hysterectomy. So far, however, the technique in this operation is imperfect.

Cystopexy (vesico-fixation) or the fixation of the retro-deviated uterus to the wall of the bladder, is being performed by some. The future of this method of operating is of course limited. The bladder is very unstable itself, and when it fills, forces the uterus against the sacrum, and its soft, flabby walls would soon cease to be of material value in drawing and holding the uterus forward.

The utero-urachal fixation, instituted by Fowler, is of very limited utility. In the first place the urachus is present in sufficient size only in a certain number of subjects. In the second place, if the urachus

be fastened to the uterus, it will soon drag the bladder backwards. The flimsy excuse of using a strip of peritoneum, when the urachus cannot be found, to support the uterus, is sufficient alone to condemn the operation as a mere "fame and fee" operation. The fact that the filling of the bladder forces the uterus against the curve of the sacrum shows the limited value of the operation.

Many operators see in the repair of the pelvic floor a restoration of retro-deviation in certain cases. The above large number of operations for retro-deviations of the uterus suffices to tell the story of unsettled facts of utility. Time alone will gather in the useful records. Time alone will eliminate the errors. The best surgery is built upon its faults.

Some perform hysterectomy for retro-deviations of the uterus, believing that a hypertrophic retroverted uterus justifies the operation. In a small number of cases only will such a procedure be justifiable.

Chicago, Ill.

IRON LEMONADE IN PREGNANCY.

By C. E. Ide, M. D.

THERE are several annoying conditions which present themselves during pregnancy to harass the woman with child.



C. E. IDE.

It seems a pity that these are not more often relieved, to remove from the condition of pregnancy as many as possible of the discomforts which women have come to believe they must always expect with that condition. One of these complications is hydremia, which can make a woman as uncomfortable and miserable as many of those which to the physician are more important and ominous of evil. This condition is readily relieved by rest in bed for a few days with

generous diet of the right sort, keeping the bowels open, and by the administration of iron.

Many physicians seem to fear the administration of iron, thinking that it is apt to produce hemorrhage at the site of the placenta, and so precipitate an attack of accidental hemorrhage, followed by abortion or premature labor.

Now, there is one form in which iron can be administered without any likelihood of producing hemorrhage or other unfortunate accident. This is in the form which Prof. McLane, of New York, calls iron lemonade. The formulas are as follows:

Iron citrate, one drachm; distilled water to four ounces. Label this solution No. 1.

Potassium bicarbonate, one ounce; distilled water, to four ounces. Label, solution No. 2.

To a teaspoonful of No. 1, add a tablespoonful of lemon-juice and then add a teaspoonful of solution No. 2 and a glass of water.

Take during effervescence three times a day after meals. This speedily relieves the anemia, which often renders hydremia of pregnancy a serious condition. The headache and vertigo and tinnitus and palpitation and dyspnea and weak knees and œdema of the ankles, disappear, and the woman is thus rendered comfortable and happy, and she learns to look upon pregnancy as not so much of a curse as she had come to do.

I can remember women who could hardly endure to preserve an upright position, yet who, by this treatment, have soon been enabled to go on with their work as washerwomen, etc., until the end of pregnancy. A short time since a woman who presented prodromal symptoms of the eclampsia which accompanies pregnancy, was enabled, by this treatment, to go on to term and have a safe delivery.

These examples are sufficient. Let us labor to relieve every pregnant woman of

all those little (or greater) ills which render pregnancy such a burden to some women, and thus rob that condition of some of its terrors. For the sake of our nation and race we should do this.

226 Peabody St.,
Buffalo, New York.

ON THE RELATION BETWEEN ATROPHIC RHINITIS IN THE FEMALE AND DISORDERS OF MENSTRUATION.*

By John E. Bacon, M. D.

BEING a comparative stranger to the members of the Academy, I have chosen a somewhat unusual subject to present to



J. E. BACON.

you, for the reason that I feel that it would not be in good taste or profitable for one of so limited experience in this field of work to undertake to write upon topics pertaining strictly to gynecology and obstetrics.

The title of this paper is a trifle misleading, for I cannot, nor do I pretend to be able to, demonstrate any causal relation between the process of rhinal atrophy and derangements of menstruation, but rather it is used as a heading under which to relate some experiences with these cases, in the hope that the apparent relationship between the two may be better explained by some one present who is more able to deal with the gynecological side of the question than the writer.

The frequency of atrophic rhinitis in young females has been noted so often and for so many years that the text books on Diseases of the Throat and Nose always make mention of the fact, but no rational explanation for it is ever offered. It is not to be accounted for by the ordinary occupations or environment of young females generally, nor yet by heredity along

the female lines, and it appears to have been the rule among writers not to account for it in any way but to simply state the fact.

Roe and Mackenzie have both written excellent papers calling attention to a nervous connection between the olfactory region and the organs of reproduction, similar to that known to exist between the breasts of the female and the generative apparatus, and it appears to be well established that certain animal odors and certain artificial perfumes are capable of stimulating the sexual instinct; therefore it is not unreasonable to suppose that a lesion of one creating at least functional derangement may bring about disturbance of the other.

It is possible that the cause of atrophic rhinitis may co-incidentally be the cause of amenorrhea, nervous dysmenorrhea, or menorrhagia in young women, and as the hereinafter-related cases serve to show, both are associated with derangement of the nervous system, that may be manifested either as hysteria or as an undue and inexplicable nerve depression. It is very rare in the clinical experience of the writer to see a case of atrophy in a young woman in company with a good nervous balance, and the extremes of the lack of it are often encountered.

Case 1. Miss P., aged sixteen years, born of American parents; no family history throwing any light upon the condition present.

Personal history: Had the ordinary diseases of childhood without diphtheria or scarlet fever; menses began at thirteen and continued up to one year previous to the time of examination, when she was ill with what was called "nervous prostration" by her physician. Slight chorea developed at this illness. After this time her menses began to appear about every three weeks and were very profuse, and within a month she began to have a nasal discharge for which nothing was done up to the time of examination. The patient was of less

*Read before the Buffalo Academy of Med. (Gynecic Section), April 6, 1897.

than average height, but was well-nourished and had a clear complexion.

Examination of the nose revealed hypertrophy in the left nasal chamber affecting the inferior turbinal. There was the usual thickened mucous secretion but no marked suppurative process. The right side presented well-marked atrophy of the turbinated bodies, with the characteristic discharge and formation of crusts typical in appearance. Most careful investigation covering a period of four months failed to demonstrate any disease of any accessory sinus and it is reasonably certain that none existed. A moderate sized adenoid growth occupied the vault of the pharynx. The faucial and lingual tonsils were of moderate size and apparently healthy.

The patient was extremely nervous and satisfactory treatment was impossible for the first few visits, but this was gradually overcome; and thorough treatment was carried out for months without any improvement as regards the atrophy, the discharge and crusts continuing as was the case when she first appeared.

The adenoid was removed with the curette, the soft hypertrophy was removed with the snare and these parts returned nearly to the normal condition, with a vast improvement to her respiration. Slight choreic movements were noticed at times which readily yielded to arsenic. The menses became slightly more regular and more normal in character under the use of viburnum prunifolium and strychnine, but were not right and she was always hysterically nervous and very miserable during the periods.

About five months after she first came she eloped with a teamster employed by her father, and in the regulation time was delivered of a living child without accident.

Most careful examination of the case one year after her marriage failed to reveal any lesion of the nose or throat at all. The right side of the nose which had been the seat of atrophy was wider than the other

but was completely healed and presented a clean, healthy surface throughout. The scars of the previous lesions could not be seen but were moist and evidently were giving no trouble at all.

She stated that her catarrh had begun to be better as soon as she became pregnant and had progressed steadily to a cure in a few months. Her menses had reappeared in eight months after confinement and were regular since. The nervous symptoms had all disappeared.

There may have been no causal relation between the two conditions in this case but there must have been a common cause for both.

Case II. Miss S., aged twenty-six, born of German parents in this country, school-teacher by occupation.

Family history negative. Personal history: Was a normal, healthy child up to fourteen years of age when the menses were established. She had then an attack of diphtheria from which she states she has never fully recovered. Her menses were regular up to twenty years of age, when in consequence of having been much run down after a hard year's teaching they became scanty and very light-colored, and she has never been quite regular since. Sometimes she was not unwell for two months and at others every two or three weeks. She began to have a discharge from her nose after a hard cold in her twenty-first year and this has continued ever since.

She is pale, has an ashy complexion, is much emaciated and always constipated. She is very listless; says she has not been rested in years, and will sit for hours in one attitude and hates to be disturbed.

Examination of the nose revealed typical atrophic rhinitis of both chambers and of the pharyngeal vault. Vigorous tonic treatment with close attention to hygienic living improved all her symptoms; she gained in strength and weight and felt much better, but the most thorough and persistent treatment directed to the nose

failed to benefit her catarrh. Finally both antrums were punctured and the atrophic process was found to have extended to the membrane of those cavities, for the typical green crusts and quantities of pus were washed out easily.

The case was under observation and treatment for two years, and at the end of that time her catarrh was as bad as it had been at the beginning. Her menses although better were not restored to normal and she was always very much depressed at her periods. There must be some hidden cause for this state of affairs, for with the exception of a very few similar cases the treatment pursued in this case has never failed to bring relief.

I believe that marriage and maternity would beneficially influence this case and so expressed myself to her, but from the reply I received I inferred that such a course of treatment was not practicable.

These cases are illustrative of the class and are extremes. Between these two may be found many with less intense manifestations. It has been the fortune of the writer to have observed sixteen such cases, and in the majority of them sexual hygiene and improvement of the menstrual disorder by tonic treatment has been coincident with improvement in the condition of the nose.

With the indulgence of the members I will relate one more case on account of the peculiar manifestation of her lack of nerve-tone.

Miss A., aged twenty-two, of German parentage, born in Buffalo; domestic by occupation; family history unobtainable. Personal history: Was healthy up to seventeen years of age, when her father married again and the patient left her home on account of persecution by step-mother.

Menses developed at the age of fifteen and were regular up to the time mentioned, when they became irregular and sometimes missed. She states that she has had catarrh three years and discharges great quantities of matter from her nose. Patient

is a well-developed young woman, is apparently strong and well, apart from the trouble mentioned. She has a slight stammer in talking, noticeably restless eyes, and an artificial complexion.

Examination revealed typical atrophic rhinitis of both chambers and of the vault of the pharynx, and subsequent puncture revealed the same process in the antrums. The puncture of one antrum was made under complete cocaine anesthesia and absolutely no ill-effect was noted, but some days later when operating upon the other side, casual mention was made as to the effect of cocaine on the heart of some persons, and she promptly fainted. Thereafter whenever she surmised that cocaine was being used she always fainted, and plain water applied to the turbinal with the mop of cotton would bring on a faint as soon as cocaine. She would repeat things said during the period of her faint and was fully aware of everything that transpired, for she always recovered in time to prevent the application of water to her head, presumably to save her complexion.

This case was treated for seven months without any benefit, when she suddenly disappeared and returned in two months distinctly improved. She states that she had no treatment during the interim, but her stammer is gone and she is better in every way.

This case would probably be much improved by regulation of her habits and ordinary hygienic living, and if married she would eventually get well.

I have no explanation to offer as to how these cases are improved by maternity, other than to believe that the great change wrought in the nervous system by that condition is sufficient to bring about alterations in metabolism, which aid in the restoration of the nutrition of the parts under consideration.

79 Niagara Square,
Buffalo, N. Y.

EXOPHTHALMOS.

By B. A. Allison, M. D.

ABOUT forty-five years ago, I was called to visit a young married woman who was said to be afflicted with a very strange disorder. I was told that "her eyes were bulged out of their sockets, that she was blind, and was suffering with intense pain in her eyes and head." As she lived fifteen miles distant, I did not see her until next day. While reflecting upon the case I recollected that a few years previously I had read in *Braithwait's Retrospect* (Part X, page 166) an article on "The long issue on the scalp in head affections, epilepsy, etc." So well was I convinced that I would use this issue as part of my treatment that I prepared my string of garden peas that afternoon.

Briefly, the issue is made as follows: Having soaked some common garden peas in warm water until they become softened, string a sufficient number of them on a thread as you would beads. Commence about where the hair joins the forehead and make an incision through the skin and cellular tissue backward, directly over the sagittal suture, to the length of four or five inches, press the string of peas into the cut and retain them by a suitable bandage; the object being to establish a suppurating issue, which, by a renewal of the peas from time to time, was to be kept discharging as long as might be thought proper.

On arriving at the patient's home I found her in a worse condition than I had anticipated. Her eyes were indeed frightful to behold. Without entering into detail the case was one that, at the present day, would be pronounced a severe form of exophthalmic goiter. In all my experience I had not seen, heard or read of any thing of the kind.

But I reasoned about as follows: "Those eyes could not push themselves out, therefore there must be some morbid growth back of them that does the pushing. She

has atrocious pains in her head; therefore whatever it is that protrudes the eyes, also exerts a back-pressure on the brain and optic nerves, hence the pain and blindness."

The swelled neck, active circulation and general agitation were looked upon as minor symptoms. It required but a few moments to settle upon a line of treatment, to-wit: Establish the "long issue," give five grains of iodide of potassium three times daily, rub a little mercurial ointment on the inner parts of the thighs and arms daily until slight ptalism ensues, which must be kept up for a length of time by the occasional use of the ointment.

I seated her on a chair and placed a cloth about her neck to catch what blood I supposed would flow from the incision. Then, commencing at the point indicated, I cut down through an unusually thick scalp deeply into the cellular tissue and extended the incision back some five inches. The blood spurted from the cut in all directions and flowed so freely that in half a minute or less she was on the verge of complete syncope; seeing which I laid her on the floor in the horizontal position, filled the cut with lint, and applied a bandage, leaving the peas to be applied next day.

She gradually became conscious, and the improvement that immediately followed was marvelous. All pain, and indeed every untoward symptom, had disappeared and she was as calm as a sleeping infant. I remained some three hours to witness the extent of the reaction that might follow, but there was none.

This was my only visit, but I learned afterwards that my treatment had been carried out fully in every particular, and that there had been no return of the most troublesome symptoms. In fact she was so much improved that it was not thought necessary to ask my assistance any longer. My recollection, is, however, that she had not entirely recovered when last heard

from; but with our present knowledge of the disease, perfect recovery in her case could hardly be expected, for her family history was not good. Her mother was rather feeble-minded, her only sister was somewhat mentally and physically under par, while her only brother was decidedly feeble-minded in his youth and was placed in an asylum for a mild form of insanity at the age of twenty-two years.

My object in presenting the foregoing case to the readers of your journal may be stated as follows: For the last year, as opportunities offered, I have been looking into the subject of exophthalmic goiter, my object being mainly to determine as far as possible the worth of surgical interference in its treatment. This point, however, will be set aside for the present.

What I want to say now is, that in view of all that is known of the results of surgical interference up to the present, it is a strange fact that the question has not been seriously raised as to whether the apparent or real success following excision of a part of the gland is not as much the result of the loss of blood during the operation as it is due to a loss of part of the gland. If, by suitable test, this question could be decided in favor of taking blood more or less freely from the arm, it would render useless an operation that any surgeon ought to surrender willingly.

Let it not be inferred that the ideas now being expressed are the outgrowth of what resulted from the treatment of the case just detailed; for in the first place no single case, or even half-dozen for that matter, are sufficient to found a lasting theory upon; and in the second place, for many years before I saw the case in question I had been in the habit of bleeding to full syncope in exceptional instances, to accomplish certain results. So well did I understand the effects of full blood-letting that the syncope following the long incision in the scalp was rather looked upon as a god-send, for I knew that the loss of

blood that produced it would accelerate the action of the other treatment.

I do not know what is taught in the medical schools at present with respect to the effects of blood-letting as a therapeutic agent. I know what was taught in the best of them fifty-five or sixty years ago, and on the strength of what was then taught I will make the following statement: Given, a case of a severe form of typical exophthalmic goiter; let there be called to treat it a physician who was well educated in one of our leading medical schools of sixty years ago, and who, after leaving college, put in practice what he had been taught with respect to the effects of blood-letting as a reliable therapeutic agent. After a sufficient examination of the symptoms I believe he would ponder about as follows: "Internal medication with drugs under the present condition of my patient will avail but little. There is not an organ in her body performing its functions healthily, nor will it do so while the circulatory and nervous systems remain in their present condition. If I fill the patient with drugs, ten to one if the results will be just what I think ought to be effected for the best interests of the patient, therefore something must be done to quiet this terrible turmoil, etc., etc."

Whatever treatment he might adopt in the end I do not see how he could avoid the idea of free *Vs.* as a preliminary step.

However, in view of what has already been accomplished by different physicians in the way of subduing the inordinate arterial and nervous exaltation accompanying this disease, by the use of ice-bags variously applied, perfect rest, selected diet, etc., and of a more rational selection of drugs for the after-treatment, I would urge blood-letting in exceptional cases. Really, what I am now after, as already stated in part, is to have it settled whether blood taken more or less freely from the arm would not be followed by all the favorable results that have been claimed for partial thyroid

ectomy. If results should be about the same in both instances, there would be no further excuse for one of the most questionable operations that ever afflicted the minds of a-too-easily-satisfied little army of credulous surgeons.

Decatur, Ill. —:o:—

Dr. Allison puts his case clearly and directly. Let us hear from our surgical brethren who uphold their modern methods. And let us not too hastily condemn the practice he advocates, simply because it is old. The new is not necessarily the better by any means; and venesection accomplished results we do not always obtain without it.—ED.

KAKE IN DYSENTERY.

By E. J. Klickner, M. D.

THIS beautiful tree grows luxuriantly in Japan, and vigorous efforts have been made to naturalize it in the United States, under the efficient care of William Perry, of New Jersey. Its fruit is known as the "date plum" and "fruit of the Gods." Its delicious flavor makes it equal to or richer than our rarest peach. The trees are especially ornamental in the fall months and very prolific fruit-bearers. When they are loaded with their rich, yellow and vermilion fruit, their appearance and beauty are unsurpassed.

It is the bark of the root of this tree that possesses its most wonderful medicinal properties. The outer rind of the root is said to differ in its physiological action from all known remedies. Its highly vitalizing influence to all mucous surfaces, and especially to those of the alimentary tract, make it a remedy par excellence in the dreaded diseases of the enteric type that we meet in the summer.

Without intending to present anything new or novel I shall endeavor to exhibit some of the different phases and degrees dysentery assumes, and to bring its pathology and modern treatment as far as pos-

sible into philosophical relation. Some of the cases of dysentery which have come under my observation have been, without exception, of the very worst character, and I have had ample opportunity of becoming fully acquainted with this hitherto intractable and fatal disease. I say hitherto, as it is my very firm belief that henceforth dysentery may be as much under control and as promptly cured as many other lesions, I dare say, as easily as simple diarrhea.

For about five years I had availed myself of the ordinary remedies in general use in the treatment of this disease, with but little satisfaction to myself, and far less to my patients. At least, about five years ago, disheartened with my ill success in a number of bad cases, wherein I had perseveringly, but inefficiently, employed the "secundum artem" treatment, and remembering to have seen it somewhere mentioned that the powdered bark of the root of the Kake had been given with great effect in the complaint, I became anxious to make a trial of an agent declared to be of such extraordinary efficacy. I have tested this medicine in cases of every kind and degree and have reports of many cases that have been successfully treated.

The powder should be administered in from three to twenty-grain doses three times a day. The action of these doses is certain, speedy and complete, and truly surprising are sometimes their effects. In no single instance has failure attended this medicine in my hands thus employed.

I am not of course sufficiently sanguine to expect that it will invariably succeed, but of this I am convinced, that it will effect a complete cure in an immense majority of cases. In all constitutions, robust as well as delicate, under all circumstances, the result is the same.

In the very worst cases, when the strength of the patient is almost exhausted, after the whole range of remedies have

been tried in vain, the disease running its course swiftly and surely to a fatal end, twenty grains of Kake have been given, and forthwith the character of the disease, or I should say the character of the symptoms, has been entirely changed.

The evacuations, from being the worst seen in dysentery, have not gradually, not by degrees, however rapid, changed for the better; they have ceased at once, completely. There has been no inclination even to go to stool for twenty-four or thirty-six hours. The patient is all the time in a state of delightful ease and freedom from pain. Then, at last, without aid of any kind, comes a perfectly, natural, healthy evacuation; all irritation, pain and tenesmus having at the same time entirely ceased. Nor is there the disposition to relapse, so common in acute dysentery. I have not observed what would be termed a true relapse in any instance. All that remains, the medicine having cut short the disease, is for the patient to recover strength; and this quickly follows without any extraordinary care as regards diet and regimen, by simply following with some good tonic to re-establish strength and nerve-force.

To some, the facts I have stated may seem almost incredible. The following cases, however, I trust, will prove that I have not exaggerated. I do not transcribe the cases verbatim, as they would occupy too much space.

H. M. —, aged twenty-six, seen for the first time June 1, 1891; symptoms decidedly dysenteric; stools scanty, containing blood and mucus, accompanied with severe tenesmus, and tenderness on pressure over the descending colon. I ordered twenty grains of Kake, three times a day. On the following day the stools were feculent, semi-fluid, homogeneous, and of dark color. The motions continued feculent for several days, though actions of the bowels were frequent. On the morning of the 7th the stools contained no trace of

dysenteric matter. There was no occasion to repeat the Kake, as the patient was cured.

Mrs. S. —, aged sixty, sent for me July 18; slight, narrow-chested, delicate woman; had frequent purging of copious stools, mostly fluid, feculent matter, with some admixture of mucus and much blood; excessively weak pulse, rapid, thready and intermittent; surface cold and bathed in perspiration; tenesmus severe. I ordered twenty grains of Kake, three times a day.

July 20—morning: Passed a tolerable night; feeling some better, bowels not having moved since the last dose of Kake; resting well and free from pain; pulse 122, full and soft; moist tongue; surface warm. Evening—no movement of bowels since morning; continued Kake.

July 22 — Marked improvement in all respects; entirely free from pain and perfectly comfortable.

July 23—Continued improvement.

July 29—Convalescent.

August 11—Restored to perfect health.

As regards the field of action of this wonderful drug I will not venture on so debatable a point. That it is a very energetic tonic is sufficiently evident; equally certain that it is a most powerful styptic; this being the effect of its tonic property, and, as such, likely to be of great use in some passive hemorrhages, especially in those occasioned by exudations from the mucous surfaces, in dysentery at all events. In cases of little children, when the powder cannot be given, it may be administered with equal effect in infusion.

Lynchburg, O.

—:O:—

Dr. Klickner's claims for Kake are not borne out by the cases quoted, as will be seen on comparison. The histories do not show the drug to be superior to ipecacuanha, if equal. No one who has witnessed the effects of ipecac, in drachm doses, in the worst forms of dysentery, would substitute Kake without much stronger evidence.—ED.

PHIMOSIS.

By A. Pehn, M. D.

Read before the Morris Medical Society,
Cardington, Ohio.

IN submitting to you the following propositions, I am conscious of the fact that you will surely criticise these few fragmentary thoughts. I also regret that I have not now the time to enter more fully *in extenso* concerning these propositions, which perchance you may develop in the discussion to follow.

Sexuality is chiefly responsible for all that is good, great, grand and progressive in the evolution of mankind.

Sensuality is chiefly responsible for all that is mean, morbid and contemptible in human history.

And from the doctor's standpoint it is also evident that sexuality is an expression of bodily health, while sensuality is an expression of bodily disease. If these propositions are tenable, does it not follow that the modern doctor should exercise more care in examining the human body, to ascertain deviations from normal standards?

If the male sexual organs were subjected to a critical examination, with the idea of judging of their approach to an ideal standard of perfection, it would be a startling disclosure to find but the minimum of male mankind normal; also that the chronically sick are as a rule imperfect in this respect, hence I take it to be a subject of importance sufficient for our consideration. We find an ideal foreskin in the male a rare thing, even in the cases where the foreskin covers the corona glandis loosely and without adhesions or compression of the glans. Yet on extreme retraction of the foreskin we find a tendency to cause traction on the frenum, so as to depress the point of the penis, which is due to an abnormally short frenum, and hence is pathological. The commonest deformity we meet in practice is the elongated foreskin.

It is somewhat a surprise to find in most if not all nude statuary of both ancient and modern sculptors the redundant foreskin, illustrating the fact that a good artist may yet be a poor doctor and a worse anatomist.

The action that an elongated phimosed and adherent prepuce has upon nutrition and the consequent development of both body and mind, is happily a matter of such common knowledge in the medical profession that few would be courageous enough to successfully oppose its removal.

You are all familiar with crippled, scrofulous, rickety and idiotic children, who as a rule suffer from adherent and elongated prepuces, who after the removal of the cause have responded wonderfully and made recoveries that were complete.

Most doctors as a rule endorse the fact that a redundant foreskin even without adhesions is inimical with health; then why not remove the superfluous skin, since modern man has no use for it now? No doubt men in an age so remote that the speculations of our best historians differ, were in need of it; but as said before, the redundant foreskin is not for modern normal mankind, hence of no more use than the remnant and legacy of the climbing muscle of our prehistoric ancestors. Remondius tells us that our ancestors were not a very handsome set, nor, judging from the Neanderthal skull, possessed of a very winning physiognomy, but were a hardy and self-reliant set of men. For them, nature, always careful that nothing should interfere with the procreative functions, had provided each one an elongated prepuce, wherein he carried his procreative organ safely and unmolested out of harm's way, in his wild steeplechases through thorny briars, bramble bushes, etc.; or, when hardly pushed, to climb rough or thorny trees, this leathery male pouch protected him fully.

So much for our prehistoric man will suffice and will also furnish the reasons why he was entitled to this redundant male pouch.

You may query: Why then attach so great an importance to this prepuce? Is it not a normal physiological one?

If not, why not? And, lastly, what danger can this elongated and adherent prepuce be to modern man?

To the first question I would say, because it is directly the cause of untold misery to man. It not only disturbs the manifold nutritional changes of the body but is one of the carriers and retainers of contagious and infectious material, the cause of balanoposthitis, incontinence, producer of nine out of a possible ten masturbators, etc. It is also capable of disturbing the nutrition of the entire physical and spiritual man, principally through peripheral irritation and reflex disturbances.

These are a few reasons why it should be removed.

That an elongated adherent prepuce is not essential to man's well-being I have already covered, by showing you why our prehistoric ancestors needed such. The *raison d'être* that we do not need it, we have also developed. In order to render the coming generation healthier mentally, spiritually and physically, we ought to remove the redundant and superfluous prepuce.

Let me epitomize briefly the following points:

A foreskin that projects beyond the point of the glans penis is abnormally long and should be removed.

If the prepuce is adherent to the glans penis, break up the adhesions, and if the prepuce cannot be stretched or if too long, remove it.

Occasionally a foreskin can be dilated and adhesions freed, the prepuce otherwise being normal, the terminal nerve fibers having been liberated from the involvement occasioned by the adhesions. Such need no removal.

A foreskin that squeezes the glans upon retraction of the foreskin, or chokes it so as to be replaced with difficulty, is too tight, and should be liberated surgically.

A frenum that depresses the point of the penis upon extreme retraction of the foreskin, is too short and should be severed.

If the meatus urinarius is too narrow, enlarge it, gauge the normal caliber with an Otis bulb sound, selecting one that passes through the meatus. If a resistance is felt at the meatus and not in the urethra, the meatus must be enlarged.

Always perform these delicate operations under surgical anesthesia. I mention cocaine only to condemn it in such operations, for well-known surgical reasons.

Concerning the technique I have nothing to advance, excepting to use no phimosis clamps or special forceps, such being out of date, and I am inclined to regard those who use them as bunglers.

I trust these facts will be criticised, the deductions scrutinized.

In conclusion, I will only cite you one clinical case, illustrating the fact that when peripheral irritation is removed, and the reflexes corrected, nutrition will again be re-established and recovery set in; also that even the very best surgeons overlook in their haste for major surgical work, the seemingly small things.

Case: Boy, C. D., aged seven years, who at the age of three years had a fully developed hydrocele on the right side, which was aspirated a number of times. Finally he was sent to a Columbus surgeon, who performed a radical operation, but alas! the hydrocele made its appearance again, and again he was sent to the surgeon, and another radical operation performed with a like result.

He was placed under my care. The following was the *status præsens*:

A weakly nervous boy, skin pale, panniculus adiposus scant, cervical and inguinal glands enlarged, anemic, and when asleep a constant sweating occurred about his forehead. In fact the case presented a most marked form of rickets with an elongated prepuce adherent to glans. No one thus far had examined him and called the parents'

attention to it. Why then did the very elect, the Columbus surgeon, not recognize this seemingly little thing?

This boy was promptly operated upon, the elongated prepuce excised, the adhesions severed, the frenum corrected, the meatus enlarged to its proper caliber, the hydrocele, scrotum and cord evacuated, and the nurse was directed to massage the parts.

The boy, now nearly ten years of age, is in robust health, and has been so ever since the removal of the cause. The hydrocele never recurred. Nutrition began to improve within thirty days.

Marion, O.

ELECTRICITY IN DISEASES OF THE EYE.

The Use of the X Rays.

By W. H. Walling, M. D.

(FOURTH AND FINAL PAPER.)

EXPECTATION and possibly hope were raised to the highest pitch by the statements of one or more eminent elec-

tricians (not electric therapists) that the blind could be made to see by means of the so-called X rays.

When one can look through a board by such means, the theory that so light an obstruction as an

opaque vitreous or cornea ought to be overcome, did seem at first thought quite possible.

Experience, however, has not substantiated the theory. Even if the dense media could be overcome by such means, the conditions back of the eye-ball could not be changed. The optic nerve responds only to impressions of light, and if it has lost the power to convey impressions to the brain, the blindness is complete.

Furthermore, we do not as yet fully understand what are called the X rays. Even if in some instances sight was seemingly restored, what would be the final

effort upon such an eye from the more or less constant use of the rays?

There are various theories regarding the systemic and local effects of these rays, but as before stated the whole question is still *sub judice*.

One point has been definitely settled as to their utility in certain conditions, and that is that by their use a foreign body in the eye may be very accurately located, which at times is of vast importance. The injury may be recent, there may have been a hemorrhage sufficient to entirely obscure the field. An operation for the removal of the foreign body if performed at once may save an eye. In such a case the X rays are invaluable. In some instances considerable time may have been allowed to pass before attempting operative interference for surgical or other reasons. The size and exact location of the foreign body may then become of the utmost importance if an attempt be made to save the eye.

A recent case will illustrate this:

Mr. A. had been wounded in the eye some six weeks since, and thought that a piece of steel was still in the eye. Hemorrhage having taken place, rendering the media very obscure, the body, if present, could not be located by ordinary means. The fluoroscope, however, revealed a body about two lines in diameter in the lower and outer portion of the anterior chamber behind the iris. An iridectomy was then made, and the removal of the body attempted by means of an electric eye magnet. This was unsuccessful, but the body was finally removed with a pair of iridectomy forceps. It was quite firmly imbedded, having become encysted. Its size and location corresponded with the image shown through the fluoroscope. So much damage had been caused both by the body itself and its removal that it was thought best to enucleate the ball, which was done.

This case demonstrated the necessity of an immediate removal, if done with a mag-



W. H. WALLING.

net. There is not sufficient traction exerted by such a magnet to overcome the adhesions when such have taken place.

Still another difficulty presents itself, and that is, that the coil in the magnet becomes heated, requiring a covering; but still worse, the stylet at times becomes heated beyond safe tolerance.

All of these difficulties may be overcome by experience, but they would confront a beginner with an almost prohibitory aspect.

In many cases small particles of steel or iron have become imbedded in the cornea, and are extremely difficult of removal by ordinary means. The body may be loosened with an appropriate instrument, and then quickly and easily removed with an electro-magnet. If very small an ordinary magnet may possibly remove it, but the pointed or blunt stylet is to be preferred, as attached to the electro-magnet.

For such a purpose but little force is needed, a single ordinary cell being generally sufficient. There would be no perceptible heat resulting from such a low electromotive force and amperage.

As cells are added heat becomes sensible and finally unbearable. Caution must therefore be exercised in all such operations or irreparable injury might result.

On page 320 of the June CLINIC, my paper closes with this remark: "The object of treatment is to cure the malady, not to demonstrate theory."

We have in the electric current, as variously presented, a most powerful and effective agent for the treatment of a host of ailments. It has its limitations, however, and while in the papers thus far presented the writer has given such treatment as either himself or others have found to be of advantage, it is conceded that in many conditions some other method of treatment may be better.

In the July CLINIC, page 375, a case of frequent micturition was referred to as having received no benefit from electrical treatment.

The genial editor suggested that hyoscyamine, lithium benzoate, etc., would have afforded a speedy relief. To this I will say that this lady had tried everything with nearly everybody, had "gone the rounds," but without relief. I was anxious to continue this case, feeling certain that eventually the difficulty would have been overcome, but she became discouraged as under all other lines, and ceased her visits.

This was one of the "important" cases, and in my opinion the current in some form was the only agent that held out any hope of cure.

In some cases a half dozen sittings with a well-selected current have given more relief than months of any other form of treatment.

While I advocate the use of electricity, I do not do so indiscriminately. Many cases that come to my office are given no electricity whatever, whilst there are still others that get no medicine, the sole treatment being electrical. A wise discrimination is, as far as I am capable, exercised in each case.

In many conditions I have found that patients have been over-drugged, and then the less they get for a time at least the better for them.

The alkaloidal system or method of medication is admirably fitted for such cases, as it can be so exactly regulated; one may also expect and get almost exact results. In this respect it very much resembles its most vigorous, charming and exact sister, electro-therapy.

It must be borne in mind, however, that a little knowledge of electro-therapeutics is a dangerous thing. One must study the science, and, in a degree, master it before attempting to practise it.

In closing this series of papers, will the editor allow me to state that I am not connected with any electro-therapeutic institution other than my own.

1606 Green St.,
Philadelphia.



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions, and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES ON THE JULY CLINIC.

Editor Alkaloidal Clinic: — The compliments of the season are soon upon us, and the editor chats instructively and summarily how to meet them



E. P. EPSTEIN.

on page 355—357. The sulphocarbolates lead, as they are the best antiseptics, yet evacuants and some "old remedies" are not neglected, to some of which he "clings," and they must be good if

he says so. "Sunstroke" and its opposite, heat-exhaustion. Let me add this: The mental sequelæ of this accident point to the existence of a pachymeningitis, which will be best combated by the application of leeches to the septum naris, the temples, or about the mastoid process, or by wet-cupping to the nape of the neck.

The "Intestinal Antiseptic (W.-A.," has helped my own case of nausea after meals. I took two and sometimes three at the meals.

In re "Selling Practices." The court at Wheeling, W. Va., gave a verdict in my favor for damages *vs.* Dr. Cox, who violated his contract with me to cease his practice in West Liberty, W. Va., and vicinity.

"The Country Doctor" who writes these notes bears testimony in favor of what the editor says about him and the advertising pages of his medical journal. He reads those pages carefully, and the faith he puts in them is in direct proportion to the faith he puts in the journal where they are put. He generally likes to read ads. apart and medical articles the same.

The short paragraph on "The Osteo-

path's Bill" gives too little information for country doctors like me about this latest form of quackery. And since this, like Satan, will never be bound before the millennium, it may be desirable to know a little more about it, so as to know it when it comes near us.

The many of us who are interested in the therapeutics of Nuclein will find a gratifying answer to the question, how Nuclein should be helpful in leukemia, where the white blood-corpuscles are augmented, and with them the Nuclein, in Dr. Aulde's explanation in "Nuclein in Leukemia." It seems that that which was regarded as the disease is but an insufficient effort of nature to rid the organism of some poisonous matters.

"Another Bogus College" suggests the question, why do intelligent Americans indulge in such efforts, apart from the commercialism involved in this? Is it not that they are unconsciously influenced by the time, space and labor-saving machinery of the age? All respect for the immense abilities of the American's mind! But to his disposition must be applied the Russian proverb: "He flies well, but he can't sit down!"

Dr. Ide gives a valuable paper on "Some Intestinal Derangements of Childhood." Of these, congenital constipation, rachitic intestinal disorders, subacute peritonitis and rectal ulcers are instructively discussed. The editor's comments, too, are apropos and supplementary of good treatment.

Dr. O'Daniel writes interestingly on "The Importance and Good Results of Circumcision." His paper calls for the following remarks:

(1) The Jewish day for circumcision of infants is not the ninth but the eighth (see Genesis 7:12, Leviticus 12:3).

(2) The immunity which circumcision is said to give from venereal diseases is much over-rated. Among the Jews who do not live under orthodox restraints, venereal diseases are, to say the least, not of rare

occurrence. I know it from medical experience.

(3) Anyone who practised in the Levant must know how prevalent venereal diseases are among the younger generation of Turks, all of whom are circumcised, who visit Constantinople, get there infected, then introduce these diseases into their harems at home, where they stay.

(4) The Jews do not use "scissors" for circumcision. You will hear among them of the "mohel-messer" (the circumcision-knife), never of a mohel-schere (c.-scissors), though it is ritually allowed. The editor's comments are as truthful as they are brief.

Dr. Brodnax writes in his breezy, bright, bracing style on "Summer Troubles." He is resourceful in simple remedies. Yet he is not saying a word about the sulphocarbolates, which are the simplest, safest and cheapest of antiseptics. His allusion to the fact that "high temperature is prolific of enteric troubles," suggests the question: Why is it so?

Here is my theory: The heat draws the blood and with it nervous action, and perhaps electricity, too, to the skin, and the intestines are left with too little of these vital agents for normal work. Hence an aromatic remedy, as e.g., tincture of ginger, is called for along with other indicated remedies. This has always done good service for me.

Dr. Carbaugh commands close attention not only to "A New Antiseptic for Typhoid Fever," but even more so, to her hydropathic measures and other original ideas. Why does she count carbolic acid among the metallic antiseptics?

Dr. Walling's paper on "Electricity in Diseases of the Genito-Urinary Tract," shows what an expert electrician and yet no exclusivist can do in some of those intractable diseases. But it is unfortunate that the editor's comments, too, are but too true.

Dr. Zophar Case in "Appendicitis. Reply to Dr. Ide," while fully indicative of

his diagnosis and medical treatment is perfectly unindicative against his opponent, for this no less than for the fullness and lucidity with which he presents his side of the question so convincingly, Dr. C. deserves the gratitude of all those who love truth and rejoice in its vindication, and truth is always in the happy mean. "Medium tenuere beati," who found it. Dr. Case is, therefore, to be congratulated.

Dr. Coleman gives in his vigorous style an excellent paper on "Gastro-Intestinal Maladies of Infancy."

Dr. Shaller contributes excellent "Few Remarks on Summer Diseases of Children." He writes, evidently, from overcrowded and overheated brick city environments, such as Cincinnati has in some of its quarters. We in the country have also the maladies to contend with, but our conditions are blessedly more favorable. One advantage, however, which they have in Cincinnati over us, is in the easy procurement there, in single small bottles, of the carbonic acid mineral waters from the superbly grand establishment of W. T. Wagner's Sons.

A few months ago I had the opportunity of spending some hours in thoroughly examining that establishment. I was astonished to see there the scrupulous aseptic precautions in every tank and vessel. No wooden receptacles are to be seen there, all being of copper, heavily tinned. And the cleanliness everywhere there equals that of a first-class chemico-pharmaceutical laboratory. The chemical department is under the constant careful supervision of a thorough scientific and practical chemist and pharmacist. They ship their products to all parts of the country, but, of course, in such large quantities only, which are inconvenient for the country practitioner to order. Now I am persuaded from personal experience that nothing so soothes an irritable and acutely or subacutely inflamed stomach, and so quickly assuages the gnawing thirst incident to high summer

heat as carbonic acid. And in water saturated with it, other indicated mineral remedies can be scientifically incorporated. The various granulated effervescent salts are good enough for what they contain, but they do not develop carbonic acid in sufficiently soothing quantity, such as can be had in water saturated with it.

Dr. Buckley, in "Intestinal Disease," writes succinctly and admirably on the causes, symptoms, course and alkalometric treatment of these ailments. He wisely insists upon differentiating the maladies, and individualizing each case in treatment. One word about "raw meat." However "finely chopped," it may yet be too coarse and contain indigestible fibers. Better it is to scrape out the pure meat with a silver spoon, then wash it, season it slightly with salt, and administer it in pill form. These are, I think, Trousseau's directions.

Dr. Bacon contributes in his entertainingly readable style an argument for the "Antiseptic Treatment of Entero-Colitis." He illustrates it with a mismanaged paregoricized case in point. Such ill-treated cases will continue to occur as long as there are physicians who deem themselves witty in denouncing bacteriology as bugology. May their numbers be wasted! Dr. B.'s alkalometric treatment of this case was admirable.

Dr. Runnels writes on "The Summer Complaint: Cholera Infantum." This article, too, is illustrated by a well-selected case, which was the means of confirming the doctor in alkalometry after his conversion to it. And surely such a case of resurrection must convert and confirm any one except the know-alls.

"Summer Diarrhea of Infants" by Dr. Peers has the special merit of basing the alkalometric therapeutics on ascertained pathological conditions. He is, however, regretfully too brief on these, but what little he does state is good and useful.

On "Infant-Feeding" Dr. McMahon gives some novel ideas of preparing cow's

milk, which commend themselves as worth trying.

Some of Dr. Gottschalk's views in "Summer Complaint" are unusual at the present day. Assuming that bacterial toxins are nitrogenous, he prefers starch to animal food, which increases those toxins. You may not agree with the doctor, but you will profit by carefully reading his article. The editor's commenting advice is excellent, but where are the grapes in July and August? Not everywhere where the evil exists.

A delightful piece of acute analytic medical reasoning is given by Dr. Aulde in "Summer Diseases of Children." A point of truth discovered in a system operates correctively for a more true conception of the whole of that system. Thus it was with Harvey's discovery, and with Schwan's and Pasteur's and Metchnikoff's, and so, I think, it will yet be with Aulde's Nuclein.

Health and space prevent my saying any more. I can only beg the thinking readers to read and re-read this article, then see and say whether I am or am not over-estimating the point.

Questions: (1) Page 393, right column, eighth line from bottom, is the negative in the word "uncertain," at all correct?

(2) Page 394, left column, third line from top. Would not "in" be better than "around?"

(3) Page 395, right column, line eleventh from top. Is "mottled" Partingtonian for "malted?"

To the same author, page 33: E. loves the dog, and doesn't do things by halves. As "a brick," he must be longer than wide, and not a bat.

On page 398, left column, line 11th from bottom, read "bran" for "bean."

Dr. Matthew's communication under the initial heading "Intestinal Antiseptics," makes me feel happy to belong to this widespread CLINIC family.

DR. EPSTEIN.

West Liberty, W. Va.

INDURATION OF THE PENIS.

Editor Alkaloidal Clinic:—As a subscriber to THE ALKALOIDAL CLINIC since its origin, and a dispenser of the alkaloidal preparations almost wholly, I take the liberty of asking aid in the treatment of a friend.

The patient is about fifty years of age, the father of a family, some of whom are grown. He is temperate in his habits, and a well-to-do, industrious farmer.

A little over a year ago he discovered a hard lump on the side of the body of his penis, just above the corona glandis. It gave him no pain, interfered some with the erection of the organ, but not with the act of copulation. The induration has gradually grown until it now extends across the dorsum of the penis, constricting the organ in erection, like a band about a quarter of an inch in width. Yet it does not hinder in any way sexual intercourse. There is no interference whatever with urination. He experiences no pain, only an uncomfortable feeling.

He avers, and I believe him, that there is nothing specific about it. Its gradual growth gives him uneasiness.

I will be glad if you will suggest some method of treatment other than the knife. A cicatrix from the use of the knife would, in my opinion, not remedy matters,

W. F. WALKER, M. D.

Aberdeen, Miss.

—:O:—

I doubt very much if any line of treatment will materially benefit your patient. These calcareous deposits in erectal tissue are very stubborn things. I advise that you give him a large dose of iodide of potassium at meals, three times a day, and push it hard, carrying it gradually up to sixty grains a day if he can stand it. When iodism occurs, or after this dosage has been continued a week or two, drop back to five grains and work up to twenty again. Do not despair of this treatment under three or four months' time. There is a re-

mote possibility that the case may develop into cancer. Apply the oleate of mercury also, by inunction; and if you have a galvanic battery, drive in the drug by applying the negative pole to the growth and the positive to the opposite side of the penis, and rapidly interrupt the current.—ED.

DYSPEPSIA AND PRIAPISM.

Editor Alkaloidal Clinic:—A clergyman, forty-nine years old, unmarried, temperate, has been troubled for years with indigestion alternating with priapism. When he has not dyspepsia he will have ten or twelve erections daily. He has never had connection with any woman, has had no sexual disease, and has no irritation of the genital organs.

For the indigestion I have given Chionia, three and one-half ounces; tincture of nux vomica and dilute nitrohydrochloric acid, of each two drachms. Direct: A teaspoonful after meals three times a day.

Send me some delphinine or whatever you advise in this case.

Prof. Waugh's book is a gem as a work; a plain, practical, common-sense, reference volume. God endowed Waugh with plenty of common-sense at birth, hence those who are also so endowed love to read his writings. And that is one important ingredient in the successful practice of medicine.

S. H. COWDEN, M. D.

Morrillton, Ark.

—:O:—

My prescription for the good minister would be that he take unto himself one of those good, wholesome, healthy girls, of which Arkansas is full; choosing one who knows how to cook. Meantime, he should eat but little meat, drink plenty of pure water, and take cicutine, lithium benzoate and duboisine, a granule each, three to six times a day, alternating weekly with barosmin, ten granules daily, and colchicine, three granules daily.—ED.

MUSTARD SEED FOR OBSTIPATION.

Editor Alkaloidal Clinic:—I have never written a line to a medical journal in my life. I don't know how to fix 'em up. But in reading the letter of Dr. A. R. Garey I was reminded that twenty years ago I had just such a case.

This case was a boy, eight years old. I tried everything that I had ever heard of with no success. For a while a pill composed of podophyllin, compound extract of colocynth and strychnine was active, in enormous doses, but finally I had to give so much that it would be ejected by the mouth.

Happily, I saw somewhere, I think in the *U. S. Dispensatory*, that mustard seeds would increase the intestinal peristalsis in such cases. I forgot to say that my patient was convalescing from a terrible attack of cerebro-spinal meningitis. I first gave him a teaspoonful of black mustard seed morning and evening; after a while only one spoonful in the morning, and decreased this amount gradually until he needed nothing.

At first I could not believe the seeds were doing the work. I thought that partly he was improving under the general tonic I was giving him, and that the seeds had nothing to do with the action of the bowels, so to convince myself I stopped the seeds and gave the pills again. They acted freely for a time or two, but failed altogether in a few days. I returned to the seeds, and after stopping and resuming their use several times, I became convinced that my "old woman's" remedy was what was doing the work, so I continued it until he was well.

But the disease left its effects behind. He was taken both deaf and dumb, did not speak for four weeks, and never heard again. He enjoyed good health, but soon forgot how to talk. He lived fifteen years after this, a strong, robust young man, and died of some kind of a fever. I left the neighborhood and did not treat him.

I am trying to learn the use of the little granules, am a subscriber to the CLINIC, and have Shaller's Guide, and I would not give the CLINIC for all the others, although some, especially the *Medical World*, are good.

J. W. PAINE, M. D.

Hutton Valley, Mo.

—:O:—

Dr. Paine's suggestion is a good one; and the mustard seeds will often do good work in such cases.—Ed.

A SURE ANTIDOTE.

Editor Alkaloidal Clinic:—Here is an anti-pink-wrapper dollar. I admire pink in nearly every place except on the ALKALOIDAL CLINIC. I hope you will have to use the stock of pink wrappers you now have on hand for other purposes.

W. H. BLYTHE, M. D.

Mt. Pleasant, Tex.

HYPERCHLORHYDRIA.

Editor Alkaloidal Clinic:—A woman, thirty years old, has a dreadful gnawing at the pit of the stomach, which has given her trouble for sixteen years. Her father died of cancer of the bowels, and an aunt also died of cancer. She has two children, and is very thin, from the effects of a miscarriage last fall. She is always hungry and is only at ease while eating and for a little while afterwards. She sleeps well; menstruates so freely that I gave her a little iron to check the flow, which benefited her. I have been treating her with strychnine and subgallate of bismuth, and have thought of adding subcarbonate of iron and Nuclein, with a diet of milk.

Will you kindly advise me?

A. M. DAVIS, M. D.

Burtrun, Minn.

—:O:—

The case looks to be one of gastralgia, with probably some fear of cancer, which makes her worse. Try the effect of Gly-

cozone upon her, giving a teaspoonful in a glass of hot water an hour before each meal, and relieving the pain by the use of black oxide of manganese. See if there is not an excess of hydrochloric acid in her gastric juice. If so, she certainly has not cancer and the knowledge will relieve her mind. These cases are best treated by a system of dieting, with food that requires a great deal of mastication, such as oaten scones, hard-tack, tough corned beef, dried beef and the little end of a smoked tongue, whole wheat cooked like oatmeal, etc.

—ED.

MUCO-ENTERITIS.

Editor Alkaloidal Clinic:—In a case of muco-enteritis, the W. A. Antiseptic tablets the work, and the baby is now well. This was a very bad case and I am sure that without the tablets the baby would not have gotten well, or if it had, would never have done so well as it did with them.

R. W. SMITH, M. D.

Spring Valley, O.

HYOSCYAMINE AND STRYCHNINE ARSENIATE FOR CRAMPS.

Editor Alkaloidal Clinic:—I was called to see a lady suffering from cramp of the stomach. I gave her Merrell's specific tinctures of veratrum viride, gtt. xij, and lobelia, gtt. xx, in four ounces of water; directing her to take a teaspoonful every ten or fifteen minutes until free vomiting ensued. I also applied a cloth spread with lard and covered with compound powder of capsicum and lobelia. No relief ensued, even after I had given a hypodermic of morphine, gr. 1-4.

I then recollected the granule case received from you a few days previously; and at once gave the patient one granule each of hyoscyamine, gr. 1-250, and strychnine arseniate, gr. 1-134. It was not a minute before the patient remarked that those pellets were doing their work. I repeated

this dose every fifteen minutes for three doses and no more cramps occurred.

The patient had been suffering at intervals for a week.

The granules are a holy terror to disease. The more I use them the better I like them.

The CLINIC is completely full of the kernel of the nuts. I ought to know, as I have practised among these Kentucky mountains, mainly on horseback, since 1863.

DR. W. L. DAY.

Concord, Ky.

—O:—

Well, Doctor, the little things are not quite as heavy a load to carry as the old saddle-bags, and the effects of hyoscyamine and strychnine rather more agreeable than lobelia-emesis, are they not?—ED.

IMPOTENCE.

Editor Alkaloidal Clinic:—Since forty years a brother physician has had great irritation of the genital organs, or chronic inflammation. The prostatic urethra is very sensitive. He was accustomed to drinking a great deal of water and urinated correspondingly. In winter he was compelled to empty his bladder every hour or two, but is now better.

He was treated by a New York institution and obtained some relief. I have employed cold sitz-baths, warm rectal enemas with laudanum, lithium carbonate, epsom salts and monobromated camphor.

These had a soothing effect, but for the past year he has been impotent. He is a strong man, tall, weighs 215 lbs; can easily walk fifteen miles; is sixty-one years old, and attributes the impotence to the urethral irritation.

A curious thing is that when he takes lithium carbonate he trembles a little.

I advised sanmetto and Lambert's lithiated hydrangea; but the former did no good, and the latter was so slow that he quit it. We also gave injections of

europhen in fluid petrolatum, in the urethra, which did good temporarily. We have also injected silver nitrate, iron perchloride and tannin. Lithium carbonate and epsom salts, given often in small doses, seem to do best.

Three years ago he had a testicle frozen and was confined to his bed for two months. He was then said to have diabetes, and his urine contained sugar; but at present no reaction occurs with Fehling's test.

The genito-urinary organs appear to be inflamed, but the prostate is not enlarged. He has never had gonorrhea or syphilis. Though sixty-one years old he looks like a man of forty-five.

F. BENOIT, M. D.

Montreal, Canada.

—:O:—

When a man is over sixty and has eight children, should he object to impotence? I think it is of very doubtful expediency to interfere with this wise effort of Nature to compel one to consider his age and refrain from the pursuits proper to youth.

The irritability of the bladder may be relieved by salol or lithium benzoate, twenty grains of either daily, with a granule of duboisine, gr. 1-134, at bed-time, repeated if necessary.

As the prostate is the analogue of the uterus, some such combination as Buckley's Uterine Tonic ought to be useful. We need precise observations on the use of viburnin, helonin, aletrin, alnuin, dioscorein and other uterine sedatives, in prostatic inflammations.

When the condition is one of passive congestion, strychnine arseniate should be given in full doses, say, gr. 1-134, four to twelve times in a day.—ED.

METRITIS.

Editor Alkaloidal Clinic :—In a case of metritis your Astringent and Antiseptic Suppositories were more than satisfactory.

W. S. HOOD, M. D.

Elm View, Texas.

PANCREATIC DISEASE.

Editor Alkaloidal Clinic :—Will you or some member of the CLINIC family please give an article on disease of the pancreas and its treatment? I have been reading medical journals for seven years and as yet I have never seen an article on diseases of that organ.

I learn from Dalton and other physiologists that its function equals about four-fifths of that of the liver, or it secretes four-fifths as much as the liver. Then if it has such a great function it certainly is subject to disease.

It is hardly ever noticed as being affected. I never see anything said about it.

It seems probable that where there is so much gastric trouble as there is this season, and the pancreas is in such close connection with the stomach, this gland would surely be affected.

W. T. SWINDLE, M. D.

Middlebrook, Ark.

—:O:—

We leave this to our correspondents.
—ED.

TYPHOID FEVER.

Editor Alkaloidal Clinic :—In an epidemic during the past winter I had five cases, three of whom had nursed fatal cases, washed the clothes and cleaned the house where two had died. The husband of one manifested prodromal symptoms. I aborted the attack after only two days in bed. The wife was now attacked. Hygienic surroundings were bad. I gave Defervescent Compound to control the fever and sulphocarbolate of zinc for effect; sulphide of calcium as needed. Typhomania was marked for three days and the attack was jugulated in ten days. Very little medicine was used except the alkaloidal granules.

I have been in constant practice for forty-five years. No grave holds a patient of mine from fever, pneumonia or dysen-

tery, and only one puerperal patient. Beat the record who can. I congratulate Dr. Roney of Milan on his success with the little granules.

C. H. CASS, M. D.

Holton, Ind.

—:O:—

The number of abortive cases multiplies whenever the antiseptic method is put promptly in operation.—Ed.

TWITCHING EYELIDS.

Editor Alkaloidal Clinic:—For the relief of twitching of the eyelids (July CLINIC, page 419, I would suggest that Dr. Maines try painting them with the fluid extract of cimicifuga, which I have found valuable in similar cases.

T. R. WEED, M. D.

Cheshire, Ohio.

—:O:—

Give the patient macrotin internally at the same time.—Ed.

COAL-OIL FOR IMPACTION.

Editor Alkaloidal Clinic:—Don't be afraid of injections of coal-oil. I used it some years ago, a pint once or twice a day, in the case of an old man with intestinal obstruction. I thought he would die unless operated on, but this he refused. I used the oil for several days. It overcame the obstruction in the tenth or eleventh day of the disease.

D. S. ELLIS, M. D.

Ashland, Va.

SPINAL RELAXATION.

Editor Alkaloidal Clinic:—To-day I saw an old lady whose ailment had been termed lumbago by two physicians, who had treated her unsuccessfully with coal-tar derivatives.

I find that her spine has been strained, and the ligaments so weakened that they do not support her properly. She com-

plains of crampy and drawing sensations. I put her upon strychnine arseniate, gr. 1-134, and hyoscyamine to stop the spasmodic pains.

W. R. HARRIS, M. D.

Morristown, Tenn.

—:O:—

The strychnine should be given every four hours, and the dose increased to two, three or more granules until symptoms occur to show that it is taking effect.—Ed.

DR. CRAIGEN'S CASE.

Editor Alkaloidal Clinic:—If Dr. Craigen (July CLINIC, page 403), will give his patient tincture of strophanthus, six drops, four times daily, or its equivalent in strophanthin granules, I think he will be agreeably surprised.

J. A. COFFMAN, M. D.

McElhany, Mo.

—:O:—

A granule of strophanthin, gr. 1-500, equals about three drops of the tincture.—Ed.

HIVES.

Editor Alkaloidal Clinic:—On page 112, February contribution, I note that Brother Hays classes hives and urticaria as synonymous. This is a classification I have noted several times previously.

Hives is a form of measles, which attacks infants within a month or so after birth. In old Dr. Ruzin Thompson's "Medical Adviser," edition of 1860, page 994, it is "Hives, red gum, strophulus." The disease appears in the form of very fine, little blisters preceded by fever, and at the end of three to four days desquamation occurs.

Urticaria (nettle-rash), comes on suddenly without any prodromata, in large or small irregular shaped patches, and disappears in the same way without any sequelæ, as showing on the skin.

I usually prescribe for urticaria nitro-

muriate of iron (acid iron tonic), and to allay the itching chloral hydrate, ten grains, carboic acid, ten drops, to one or one and a half ounces of water, used as a lotion to the skin. I believe it is a result of stomaclic disorder shown on the terminal nerve. Simple nausea from the smell of certain flowers or meats, or steam arising while cooking honey from the comb, brings it on in some. It often shows up in malarial troubles and seasons. Ipecac will produce frightful outbreaks. Quinine produces it in about three per cent of my clients.

DR. BEN. H. BRODNAX.

Brodnax, La.

—:O:—

In England the word "hives" is employed to designate chicken-pox. In America it is applied indiscriminately to strophulus, to urticaria, and especially to erythema nodosum, at least in Pennsylvania. I have no doubt that other skin diseases are called "hives" in other sections. But what I don't know is, from what form of hives Cox's hive syrup got its title.—ED.

INFANTS' ANODYNE.

Editor Alkaloidal Clinic:—Apropos of Dr. Isaminger's remarks upon the Infants' Anodyne in April CLINIC, I would say that I have used them even more freely than I have ever been advised by anyone as yet.

In the case of my own baby I began to use them when she was probably not over a week old. She had daily or nightly attacks of colic, which were, to say the least, extremely sore. I began using the granules as suggested, but soon found that in order to be effective the dose must be increased. I regret that I have no notes by which I can tell exactly what I gave her at different ages, but I do know that the attacks continued till she was just four months old, and that during the last few weeks I had increased the dose until I would give at the beginning of the attack six granules, and frequently I had to repeat

the dose two or three times at twenty-minute intervals to control. This made eighteen granules in one hour's time. The effect was always pleasant when obtained, and nothing unpleasant ever followed. The baby is over a year old now, strong and well, and never had colic after four months old.

I should not dare order such a dose in a case where I had not personal supervision, and in fact seldom find it necessary to give more than one or two granules to control bad cases. I consider them a most excellent remedy.

F. B. STORER, M. D.

Holley, N. Y.

—:O:—

Dosage must always be for effect; and the dosimetric method is always safe, even with large amounts.—ED.

CAN SEEDS SPROUT IN THE ALIMEN-TARY CANAL?

Editor Alkaloidal Clinic:—Every town has someone living in it who has known of a death occurring from vegetable growth in the stomach or bowels. Said growth has been caused by the sprouting of a cherry-pit, peach-pit, apple-seed or grain of wheat, etc. Of course the required heat and moisture for germination are in the body, but neither the needed light nor air are there. Does anyone know of a veritable and indisputable case of such germination in the body? If such a thing is possible I would like to know it.

DR. HARRIET CARBAUGH.

Lookout Mt., Tenn.

COLD SPOTS. IMPOTENCE.

Editor Alkaloidal Clinic:—I have a rather peculiar case in a woman, aged twenty-three years, unmarried, Jewess. Her trouble is thus described in her own words: She has cold spots in the center of the brain or head, also in the stomach, and can't be heated up with all the artificial heat applied in the way of hot water-bags, jugs

and clothing. She stays in the bed for several weeks at every attack, and they are frequent; somewhat troubled with constipation; no fever; temperature always natural though she complains of freezing and lies in bed with all of the shawls and muffs around the head and heavy blankets as covers, and keeps hot fires. Her menstruation is regular, her tongue is always coated white. Pulse regular, lungs weak and no appetite, very nervous and easily excited.

I have given her nitro-glycerin and arseniate of strychnine granules, alternated with anti-constipation granules, and seidlitz powder, hyoscyamine, arseniate of quinine and many other remedies, all to no purpose. I would be glad of any advice you may give.

I have also a case of impotence which so far has baffled my skill in treatment and I ask your advice.

Male, age fifty-three years, married, with four children as result. His health is good; the only trouble is that his erections are feeble and of short duration, and at times, especially while at stool or straining, there is a loss of semen. He has aching in the region of the sacrum. The nerves around the penis are rather large or turgid, scrotum lax, no other trouble that I can find on examination.

He is temperate, uses no alcohol or opiates, though several years ago he smoked tobacco a good deal, at about which time his trouble began, and he quit it hoping to improve his general health thereby.

I have tried the nerve-tonics, such as phosphorus, nux vomica, damiana and cold baths, with but little good. Please give me your advice and oblige.

J. J. E.

—:O:—

The first is one of those singular neuroses that can only be comprehended after careful study and thorough investigation. It is just such a case as requires sanatorium treatment.

In the second case it is probable that a dilated penile vein should be ligated; not the dorsal vein, though. But when the complaint is of hasty ejaculation it must be remembered that this is a relative matter; and that the real difficulty may be slowness on the wife's part.—ED.

ULCER OF THE UTERUS.

Editor Alkaloidal Clinic:—I wish you to give me treatment for ulcer of the uterus. I received THE ALKALOIDAL CLINIC this month and would like to have it regularly. It is, as my brethren say, without a peer as a helper of the busy doctor.

DR. C. T. PUGH.

Millican, Texas.

—:O:—

One of the best treatments for ulcerated os uteri is by Abbott's Depleting and Antiseptic suppositories, alternating these with the Astringent and Antiseptic tablet suppositories, using first one and then the other, three days apart. Each treatment should be preceded by a small but very hot injection. This at night on retiring, of course. In connection with this use Buckley's Uterine Tonic, one granule every two hours, and if the bowels are constipated relieve them by the morning use of Abbott's Seidlitz salt, given according to directions.—ED.

ARTESIAN WATER AND MALARIA.

Editor Alkaloidal Clinic:—I would like to express my appreciation of the CLINIC. I am a subscriber to three medical journals, but I derive most real benefit from the CLINIC.

A few words concerning the alkaloidal granules manufactured by the Abbott Alkaloidal Company. I am very much pleased with them. A few months ago I was induced to try them and they have given satisfaction in the extreme, especially in treating children.

Dr. Hale of New Orleans is no doubt correct in stating that our drinking-water is the main vehicle by which malarial poison makes its entrance into the human system. This is very happily demonstrated in the use of artesian water in our malarial districts. I find since artesian water is being used we have not one-half as much sickness as we did before this water came into general use in this district. This is shown very beautifully in a few instances where we find some families on these large farms who use water from surface wells, and in these there is always proportionately a great deal more sickness than in families who use the artesian water. This one fact is proof conclusive that our drinking water is the prime source of malarial poison.

J. N. GOODWIN, M. D.

Wellborn, Tex.

—o:—

We would like to hear from all who have observed the effects of artesian water upon the health.—Ed.

SUGGESTION IN MORPHINISM.

Editor Alkaloidal Clinic:—A widow, age thirty-five, white, domestic. Weak pulse, anemic and emaciated; the very picture of depravity in every sense implied by the term, mentally, morally, and physically; circulation and nutrition very poor; anorexia, dyspnea, and a harsh, dry, irritating cough, with a very little expectoration of a mucoid character; pain, of a dull, aching character over the right intramammary region, sometimes wandering to the same region on the other side, sometimes to the back, then again to the kidneys, ovaries, bladder, chest, limbs and head, but mostly confined to the right side as mentioned above; tongue clean and red, bowels regular, temperature 99.4, pulse, 87; father living, mother dead (parturition), no brothers, no children, one sister dead, none living. The urinary examination, macroscopic, microscopic and chem-

ical, was all negative. Physical examination revealed slight dullness immediately above the liver extending posteriorly almost to the spinal column; dullness, however was very slight. Auscultation, negative. Examination of sputa for the tubercle bacillus negative. The microscope, however, revealed the presence of the diplococcus of Fraenckel (the pneumococcus), the streptococcus and staphylococcus pyogenes aureus; the two latter in abundance, the former scanty.

The patient was found to be a confirmed morphine fiend, so much so that she could apparently take the drug "ad libitum," never measuring or weighing it. To use her own language, she would "take an ordinary knife-blade and dip up enough of the powder to do her."

I took her some boric acid and requested her to show me about how much of the drug she usually used. She dipped up about five or six grains, a smile spread over her countenance, her sunken and lusterless eyes immediately lit up with a fiery glow, as she inquired: "Say, Doc, is this morphine?" When I assured her it was boric acid, her face showed only too plainly her inward feelings of chagrin and disappointment, as her lips curled and she exclaimed: "Oh, pshaw!"

The diagnosis was morphinism, chronic unilateral pneumonitis, and neurasthenia.

She was given a warm bath, a sinapism applied over the affected lung and a saline cathartic ordered every three hours until the bowels moved freely, and the following for the cough: Syrup of wild cherry and compound syrup of squill, of each, half an ounce; codeine sulphate, four grains; whiskey, one and one-half ounces; water to make four ounces. Direct: A teaspoonful every three hours. I also gave a capsule every three hours containing glonoin, gr. 1-250; strychnine arseniate, gr. 1-150; hyoscyamine, gr. 1-150; gold and sodium chloride, gr. 1-134; cinchonidia, gr. j; piperin, gr. 1-16.

The first night she was given by hypodermic one grain of morphine every two hours, as required, to give ease and rest from her condition of extreme nervous irritability, and her constant complaining and abuse of nurses, doctors, assistants, sisters and everybody and everything connected with the hospital.

During the fore-part of the night she was given four of these with no apparent effect whatever. The second night was a repetition of the first, both as regards the treatment and its results.

The third night I prescribed "aquæ dest." 30 minims by hypodermic every half-hour, until relief (to the patient's mind) was obtained. After the third dose she fell asleep, and as she expressed it, "slept like a log till morning."

This treatment was continued without intermission and with only enough change to break the monotony for about nine weeks, at the end of which time she had not taken a single dose of morphine, had no desire for it, her cough was gone, the bloom of health and rich, red blood had returned to her cheeks, she had gained over twenty pounds in weight, was lively and jolly, perfectly satisfied, and was discharged from the hospital.

Over three months have passed since her discharge and she has not returned to the use of the nefarious drug; but Dr. Warner informs me she now has a return of the nervous dyspepsia and other reflex nervous troubles, combined with a chronic bronchitis and an icteric condition. I think these latter are due, however, to her former life of depravity, abuse and excesses.

This is a case similar to some I have heard Dr. Waugh mention, during his clinical lectures last summer, at the Illinois Medical College.

I will close by requesting the editors and readers of the CLINIC to give me either their opinion or their experience with the hypodermic use of thiosinamin, injected

directly into the skin covering the corpus spongiosum, where a cutting for stricture of the urethra has resulted in the formation of fibrous tissue, with contraction of the same, obliteration of the capillaries supplying the corpus spongiosum, and a consequent bending or lowering downward and shortening of the penis during erection; thus interfering very materially with coition, since the cavernous bodies are normal and expand and lengthen with erection, filling with blood, while the corpus spongiosum acts like the string to a bow and draws the organ downward over the scrotum. Would you use it in this case? And if so, how? Let me hear from Dr. Waugh on this matter, and thus satisfy every reader of the CLINIC as well as myself.

WILLIAM FISKE STERMAN, M. D.

Evansville, Ind.

—:O:—

I have not yet fathomed the powers of suggestion in the treatment of morphinism, but this case renders it probable that the hypnotic treatment will prove very valuable.

I would use thiosinamin in the case mentioned, injecting about four grains in the back or buttocks. It has been reported as successful in such affections.—ED.

CONVULSIONS.

Editor Alkaloidal Clinic:—What do you think of verbenin for convulsions? I have a boy who has a convulsion about once a month. Do you think I had better try verbenin, giving a tablet three times a day?

DR. NUNGASSER.

Falls Village, Conn.

—:O:—

I am personally unfamiliar with the action of verbenin, never having used it. It may be a first-rate thing and is no doubt worthy of trial.

But what is the cause of these convulsions? See if his foreskin is perfectly free, short enough, and the frenum long enough, so

that when the foreskin is retracted it does not bend the organ down.

Look to all these things, and if there is the slightest deviation from the normal as outlined above, operate at once. I advise you at any rate to give him chloroform and dilate his anal sphincter freely, at the same time passing a sound into his bladder to see if there is any stricture or spasm of the urethra. Convulsions, primarily from any cause, may bring about these reflex disturbances which will keep them up and make them chronic. Constipation has also been found to cause convulsions.—Ed.

INTESTINAL DISORDERS.

Editor Alkaloidal Clinic:—The different appearances of the stools in diarrhea deserve careful attention, since in many instances they aid in selecting the right remedy.

Thus at the outset of the disorder the discharges are at first purely fecal; presently they assume a bright yellow somewhat the color of the yolk of the egg, often they are mixed with mucus, and in some have a frothy appearance. Under exposure to the air the bright yellow becomes green. Then, again, they have the appearance of chopped-up eggs. This shows that the function of the stomach is disturbed. Sometimes there is much suffering, and, again, very little, in severe and dangerous cases. My experience in the South where intestinal disorders are very frequent has taught me that when bloody stools and great tenesmus are found I have a very serious case on my hands. Without dwelling on the symptoms I wish to suggest a form of treatment that has always assisted me over bad places, almost without an exception.

First, I wash the bowel out. Now I do not mean to give an enema. I raise the hips and inject warm water as hot as it can be borne. Sometimes I place a little bicarbonate of soda in the water. I use fully a quart if not more, according to the age of

the patient. An adult can easily take a gallon. I let this remain for some time then let it come. I repeat this process once a day. I then take fresh milk, dip a cloth in the same, doubled up like a cushion, and apply it to abdomen. I keep this on two hours, then destroy or burn it up and apply another.

This treatment is very often sufficient in itself, but in some cases I give ipecac and aconite, especially if there is a rise in temperature. When there is tenesmus, I give capsicum and ipecac. I never give opium in any form unless I think the patient is not curable. I sometimes give the hydrogen peroxide, but not too often. I am quite sure that peroxide of hydrogen given by enema will be found very good treatment in those cases where hemorrhoids are present. The sulphocarbonate of zinc I have never used. My treatment is to sustain the patient on an easily assimilated food, and hot water first, last and at all times, with fomentations of milk; and I have never lost one case and have practised medicine thirty years.

HORATIO S. BREWER, M. D.

Chicago, Ill.

CHOLERA INFANTUM.

Editor Alkaloidal Clinic:—In cholera infantum the attack is almost sudden, with no history of ill-health. The attacks are most frequent in the night; beginning with synchronous vomiting and purging, of a sero-albuminous, odorless fluid. From this on to relief or death the symptoms are dependent upon the withdrawal of serum from the blood. The infant thus attacked is in a few minutes faded to a shadow of its former self. The eyes and temples are shrunken, the voice faint and husky, pulse rapid and hardly perceptible, the fontanelles deeply sunken, there is great increase of heat in the occipital region, and great thirst. The development of the symptoms is very rapid, and a child whom

the mother regarded not ill enough to see a physician, in the course of five or six hours may be brought to death's door.

The stools are frequent, large and fluid, and in the course of half a day twelve or fifteen may occur. They are of a pale green, yellow or brownish color in the beginning, but as they become more frequent they lose their color and are almost entirely serous.

In the beginning children cry loudly, or moan and throw themselves fretfully in their bed; later the symptoms give place to dullness, stupor, relaxation and coma or convulsions. The temperature is almost always elevated and usually in accordance with the gravity of the attack. Thirst is almost insatiable, the child trying to gulp down anything in the form of a liquid. Very little urine is passed, sometimes none at all for twenty-four hours.

The above symptoms only last for about one day and then make a decided change either for better or worse. In acute intestinal indigestion we don't have similar symptoms; and in gastro-intestinal catarrh and entero-colitis the symptoms are not so sudden and we have some ill-health for days beforehand. So may we have in cholera infantum, but not so likely.

Cholera infantum is due to a poison of the tox-albumen type, called "tyrotoxicon." This ptomaine is found in milk; so we can account for the great number of artificially fed children who die from this disease. Its prevalence in the second summer, therefore, is not due to weaning, but because of the liability of swallowing this toxine.

It is very easy for any one to make a diagnosis from the pinched features, sunken eyes, prominent bony angles and the relaxed muscles around the eyes and mouth, causing them to stand open from their contractile power. And as the disease approaches a fatal termination, its quiet, undisturbed movements, cold limbs, bleared eyes, are all indelibly impressed upon the physician's memory.

But it is indeed a very important matter when we come to the treatment; for in the most skilful hands it is very unsatisfactory, and one of our late authors (Holt) says, that after personal trial with almost all methods of treatment he is persuaded that the attack is but little affected or influenced by any course of treatment you may pursue.

While I do not dare to take issue with the learned Professor, I hope his picture is a little over-drawn; and I hope I may be able before I close my discussion of the treatment of this disease to show you this.

By the strict observance of prophylaxis we can do much to prevent this extremely fatal disease. But how few there are who will take the necessary pains to successfully carry out this essential part of the treatment. A great deal, or I might say all, of the formation of the alkaloids in the milk during the summer months is due to its improper care.

In the outset I said the disease attacked the child in the night-time, and why it does this is to be explained not by the exhaustion of the nervous system by the heat of the day, but by the formation by the toxalbumen in the milk. For instance, the morning milk is drawn from the cow, refreshed by a night of cool sleep, into vessels neatly washed in cold water, and taken to the customer while yet the hot, scorching sun lingers behind the northern dawn. This milk has a fresh, sweet odor, a natural reaction, will keep in a cold place all day and night, and is not a suitable soil for the formation of the germs that will produce the disease.

But on the other hand let us notice the condition of the afternoon's milk. It is drawn from cows suffering from the depressing heat of the day, and put into vessels probably not clean and hot from the day's sun, which all combine to make the milk a suitable soil for the cultivation of the micro-organisms and the production of their ptomaines.

Second, we will consider the treatment of the attack. It seems to me that the profession as a whole is very slow to discard the old errors and delusions and come out and accept the new methods. Why is it that medical authors are so slow to lay aside the old ideas and adopt the new? You may go into your library and take down any work and read the treatment of "Cholera Infantum;" it matters but little how recent it may be, and it will be ancient enough for Hippocrates' day. Most of them will lay stress on what the child has eaten and advise the old prescriptions of morphine, chloroform and camphor, and apply some filthy poultice.

If you think this picture is over-drawn, read and observe for yourself. You will find more truth than poetry in it.

We must remember we are not dealing with and treating intestinal catarrh or inflammation, but that we have a poisoned condition to deal with, and that the toxic matters are causing great depression of the heart and system in general, by acting on the nerve-centers and causing paralysis of the vaso-motor nerves of the intestines.

We have no better treatment than that which I believe Dr. Larabee, of Louisville, Ky., was the first to call attention to about fourteen or fifteen years ago in a paper entitled, "The Treatment of Cholera Infantum by Hypodermic Injection." The success which has attended this treatment in apparently most hopeless cases, has been such as to completely revolutionize the treatment of this dreadful disease.

Some no doubt will read this whose heads are hoary with age, whose furrowed faces tell us they have been enlisted in the practice of one of the grandest professions under the blue dome of heaven for forty or fifty years, it may be. How much could they tell us! How well we would like their experience; and well do they remember the days in which it was considered good practice to sit by the bed-side of a cholera-collapsed patient during the long

hours of the night, pouring down medicines to be as promptly rejected.

But imagine the difference in his feelings, thirty or forty years ago, and at the present day. He is now at the bed-side of his patient in the algid state of collapse, but his mind is calm. How complacent and how compassionately he assures his patient that he will have him feeling all right in a few moments. He takes out his hypodermic needle and loads it up with 1-100 of morphine and 1-100 atropine (and this should always be the initial dose, and small doses repeated every hour until the desired effects are produced), and pushes it into the shriveled skin; and in less time than it takes to care for his needle he will find the patient improving.

Well, but you say: "Why is this?" It is because, regardless of the cause, he has struck a telling blow at the pathological condition, changed osmosis, allayed the irritation of the nerve-centers and substituted an endosmosis for an exosmosis.

This treatment is contra-indicated when the purging has ceased or is slight, and when there is drowsiness, stupor and relaxation.

G. W. FLEENOR, M. D.

Holston Valley, Tenn.

—O:—

Years ago Lauder Brunton pointed out that atropine was the physiological remedy for the choleraic group of symptoms, but his observation was ahead of the times. Dr. Fleenor should have given us some statistical record of the cases he has treated in this way. Doctor, can you beat ten years without a death from cholera infantum?—ED.

INFLAMMATION OF THE STOMACH.

Editor Alkaloidal Clinic:—Mr. C., aged fifty-one years; for about two years has been troubled with some obstruction of the stomach and bowels. The tongue is very red; there is loss of flesh and strength;

diarrhea almost continually, with some blood; the appetite is irregular and fastidious; the food is very imperfectly digested. He has been treated by three or four physicians with but little success.

Kindly help me with your best suggestions in this case. DR. J. R. CATES.

Milton, Tenn.

—:O:—

You had better empty the patient's bowels by the use of hot enemas passed up with a long tube, and give the W. A. Intestinal Antiseptic tablets, one every two hours. No food but predigested milk. Cover the abdomen with a flannel bandage, pinned firmly next to the skin. The case ought really to go into a sanatorium, as it is almost impossible to control these people at their homes sufficiently to obtain a cure.

—ED.

CANCER.

Editor Alkaloidal Clinic:—I wish to ask your opinion as to the best and safest local remedy for cancer such as are usually met with among our people. Traveling men take a great deal of money out of our country removing cancerous and other tumors. This is caused by our patrons not knowing that we could do the work as well and in many cases better. There being so many remedies recommended would lead one to doubt that we have anything reliable. The Inglis Parsons treatment would be objectionable about the face or neck, on account of the firm fibrous mass remaining permanently.

I have noted down all concerning cancers published in the *CLINIC* and other journals I am taking, for two years. The number of recipes is enough to bewilder a regiment of doctors.

My personal experience is quite limited. I have recently treated two cases, one on the left side of the face of an old man, the other on the center of the forehead of a man thirty years of age. Both appear to

be successful. There is no indication of return after twelve and fourteen months. In those cases I used the chloride of zinc as the basis. I would like the most certain, safe and simple remedy possible, with nothing in it unnecessary.

I will submit one recipe that I believe would be effectual, but severe: Wheat-flour and starch, of each one ounce; powdered arsenious acid, three grains; red sulphate of mercury, two scruples; chloride of ammonium, two scruples, corrosive sublimate, five grains; chloride of zinc, in pure crystals, one ounce; hot water, one and one-half ounces. The first six substances are finely pulverized in a glass mortar with a glass pestle. The zinc is now dissolved in boiling water and slowly added to the powder, the pestle kept rapidly moving; the solution is ready for use in twenty-four hours. This is expected to do its work in twenty-four hours.

Would zinc, flour and cocaine be as good? Does blood-root or hydrastis add anything to the cure? How much cocaine could be used on a cancer without danger?

We have an elderly man living in our town who had a cancer on his lower lip, left side. It had been there several years. Suddenly it became inflamed and soon had the lip half gone. The old man got medicine from a cancer doctor and applied it to his lip for three days, suffering severely all the time. The cancer came out and the wound has been entirely healed for about four years. The man is living but getting old and feeble.

Another of our old citizens who recently died of the effects of the frosts of 82 winters, had a quiescent cancer on the tip of his nose, scarcely noticeable, until a few years prior to his death, when it inflamed and opened out like a rose. He said that he applied a salve of his own make, and the cancer was entirely and nicely removed in a few days. The scar could only be observed by close inspection. He was in this condition when he died. He was

very reticent on the subject of his remedy, showing no desire to disclose his secret.

T. M. ROGERS, M. D.

Fairfield, Ill.

—:0:—

I have known many instances of the practice of the non-professional cancer specialists. They do not know the difference between cancers and non-malignant tumors, and call everything that comes their way a cancer. One genius who operated in Pennsylvania attributed every ailment to a "cancer-humor in the blood," which he brought out by applying corrosive sublimate! But when he had burned a patient to death once, he swore he did not know the drug caused the burning.

I think cocaine could be mixed with zinc chloride and a painless caustic developed, but never made the experiment. Let some of the brethren try it.

Formalin should receive a trial in surface-cancers, applying from five to fifty per cent in water. Alcohol is being injected under and around cancers, to encourage cicatricial formation, with asserted advantage. The pain is atrocious. I am now trying a mixture that looks very promising, but am not yet ready to report. Meanwhile, one feels tempted to repeat, as to the use of caustics for cancer, the advice Jerrold gave a friend who contemplated matrimony: "Don't." In the formula given by Dr. Rogers, it is doubtful if any of the ingredients are active except the zinc. Hydrastis and sanguinaria are probably inert in the strength applied.—ED.

HINTS ON GIVING AN ANESTHETIC.

Editor Alkaloidal Clinic:—See your patient before you are ready for the operation, and examine thoroughly the heart, lungs and kidneys.

Inspire your patient with confidence that all will be well.

Be sure the stomach is empty, and if it is to be much of an operation, the intes-

tinal canal should be as near empty and sterile as possible.

Remove false teeth, tobacco or gum from the mouth.

Make the clothing free about the neck and chest.

Get name, address and age of patient or at least some of patient's friends.

Oil face with vaseline to prevent burning.

Put wet warm pad of absorbent cotton over eyes to prevent conjunctival congestion.

Have your patient count aloud after yourself while going to sleep. This occupies the mind and prevents heart-palpitation due to fear, and also facilitates regular and deep breathing.

If there is any suffocative sensation, go slower with anesthetic.

Use "drop method" for both ether and chloroform.

In event of any tendency to struggle or "resist the anesthetic," go slower and take plenty of time.

The stage of excitement can be almost wholly obliterated if the anesthetic is correctly given.

Have your tongue forceps and hard rubber mouth-gag ready in case you cannot keep throat clear by pulling and holding the lower jaw forward.

Have your patient thoroughly asleep before allowing the operation to proceed. It greatly avoids shock, vomiting, etc.

Watch both the heart and respiration. If there is a weakness in either, find and remove cause at once if possible.

G. W. GREEN, M. D.

Chicago, Ill.

APOCYNIN FOR DROPSY.

Editor Alkaloidal Clinic:—When reading Dr. J. G. Fessenger's brief but pointed article in the May CLINIC, I decided to put his suggestion to a test. Having a case of cardiac dropsy, which previously I had been able to relieve, but now refused to yield to any treatment I had been able to

suggest, I immediately procured from the A. A. Co. some apocynin granules, and prescribed them according to the doctor's instructions.

The patient, aged seventy-five years, has valvular heart complications, having for years at times suffered from a varicose ulcer on one leg, and œdema up to the body. At the time of beginning treatment there was considerable dyspnea, some difficulty in speech and wandering of the mind. The hands seemed like immense bags of water, and one hand and foot had broken open and were discharging quite freely.

Having little hope of any permanent improvement, on June 5 I put him on three granules of apocynin every hour, and one each of Nuclein (Aulde), gr. 1-3; strychnine, gr. 1-30; iron arseniate, gr. 1-6; and glonoin, gr. 1-250; every three hours.

Three weeks later finds the dropsical effusion all gone, except in the diseased limb. He has a ravenous appetite, walks about comfortably, though yet feeble, and while I do not expect to see a return to health I am pleased to note the return to comfort, and also to bear witness to the good things to be gleaned from the CLINIC by its very able and obliging editors and its host of readers and correspondents.

DR. C. F. ROSS.

Sannemin, Ill.

—O:—

That's right, brethren, don't leave the editors to do all the suggesting. What a wealth of practical information exists in the great CLINIC family if the members would only speak right out in meeting.

Doctor, keep the use of water down to the lowest point and your patient will live longer.—ED.

CARDIAC DROPSY. DIPHTHERIA. MILK-SICKNESS.

Editor Alkaloidal Clinic :—I am glad to see your picture in the May CLINIC. It looks healthy, sane and interrogative.

I have a patient with œdema of the

scrotum, which is the size of a pine-apple; and a dilated right heart. I have given heart-tonics, diuretics and laxatives. The patient was better generally, but the scrotum unchanged. I then covered the scrotum with a cloth soaked in pure glycerin. After twenty-four hours the swelling was all gone. How would this work in synovial collections, such as the so-called water on the knee?

I had a patient with diphtheria, male, aged seven years, fat, with a short neck, a bad subject, on the fourth day of the attack. The treatment so far had been bichloride of mercury, gr. 1-30, tincture of iron, ten drops, tincture of belladonna, one drop, given together every three hours; sprays of peroxide of hydrogen; and ten drops of Bovinine and a teaspoonful of whiskey in two ounces of milk, every two to three hours. The patient was getting worse.

We had a consultation of five doctors, it being a hospital case. All agreed that the patient could not live. The urine had contained twenty-five per cent of albumen right along. Consultants disagreed as to anti-toxin, but we injected five hundred immunizing units into the abdominal wall. Do not inject it into the back, because the patient cannot lie comfortably upon it. Nor is it necessary to insert the needle into the abdominal cavity. The injection was repeated in twelve hours. Recovery began in ten hours, though we had many a tussle to sustain the respiration and the heart before the patient was discharged, cured, at the end of a month.

In this case the disease was chiefly systemic. There was very little membrane to be seen at any time.

Infusion of digitalis, in half-ounce doses every three hours, in tetanus. The only cases I have ever treated with success have had this.

I cannot make strychnine take the place of alcohol in many of the acute cases. I

think the principle is all right, but I get over-stimulation rather than real support of the heart, many times when I try it. Caffeine works better.

If we can make our women patients drink more water and less tea, take away their rocking-chairs, give them three waking hours of continuous silence in each day, and feed them on whole-wheat bread, cereals, fruit, fresh and cooked, instead of their customary diet of meat, sugar and pastry, followed by stomach-ache and pepsin cordial, we should not have to make many visits.

The only kind of soap fit to use on a human being is a liquid one. Cake-soap retains the bugs of the last dirty hands that used it. The best soap for your use and mine is Johnson's ethereal.

Keep the CLINIC clean and print only meaty, short articles.

Do you know of any successful treatment for milk-fever in cows? A most worthy patient of mine has lost so many valuable animals by that disease, in spite of the best veterinary treatment he could get from local and imported cow doctors, that in despair he has appealed to me.

H. G. MacKAYE, M. D.

Newport, R. I.

—:o:—

I trust that among the twenty thousand readers of the CLINIC there may be some who will answer Dr. MacKaye's request for help in treating the milk-sickness of cows. I must confess that I know nothing about it; although I could give him some points on milk-sickness in babies, and some others on sick milk. Strychnine far more than replaces alcohol as a stimulant. Strychnine has a far more powerful and sustained effect. Doctor, give the little doses, frequently repeated and carefully watch for the production of the physiological effect. The rifle requires careful aiming, as well as a nice apportionment of powder according to the need.—Ed.

GROUP: CALCIUM IODIDE.

Editor Alkaloidal Clinic:—I wish to report a case and desire the editor's comment on it.

I was called to a case of membranous croup on June 7th, at 3 o'clock p. m. The child had been unwell for some days, but on Friday morning, June 4th, it had a harsh, croupy cough, with some fever, skin hot and dry, mouth parched and breathing somewhat labored; which continued to grow gradually worse, until I saw it and found the following symptoms, to-wit: A boy eighteen months old, usually very healthy, with a temperature of 104 F., very labored breathing, cough almost imperceptible, respiration hurried, cyanosed skin, anxious, cadaveric appearance.

I had seen so many such cases, almost every one proving fatal, that my prognosis was very grave. But having noticed in your CLINIC an article on respiratory diseases and especially true croup, here was a chance to give it a trial, so here is my treatment.

I called for a four ounce vial, filled it with boiled water, to which I added ten grains of calcium iodide (Abbott), added sugar to make it pleasant, and directed one teaspoonful to be given every ten minutes, until breathing was free and easy, then every hour until I returned. I also gave calomel, gr. 1-4, sugar of milk, one grain, every hour, for the labored breathing and cyanosis. To support the heart-action I gave atropine and strychnine arseniate, one granule each every hour for two hours, then every two, three and four hours as demanded. I also directed the bowels to be moved in twelve or fifteen hours.

I left at 4 o'clock p. m. and told them I would be back at 7 a. m. next morning, which I did; and to my utter astonishment but great satisfaction I found the child breathing freely and easily, temperature 100° F., skin cleared up, the appearance healthy and the child disposed to notice and to play a little with its toys, etc.

I continued my calcium iodide, calomel and strychnine, though at further intervals, and the child gradually continued to improve and is now himself again. For all of which I am indebted to the CLINIC. Was my treatment right and if not, why not?

G. H. COVINGTON, M. D.

Wadesboro, Ky.

—:O:—

Proved by the result. Let us hear further on Dr. Case's treatment of croup. Is not iodine the true remedy, when this brown calcium iodide is used?—ED.

RHAGADES AND ULCERS OF THE ANUS.

Editor Alkaloidal Clinic:—Do you not send your dosimetric suggestions to surgeons as well as physicians? If your principles are good for the latter why not for the former? While there are a few real specialists in the one or the other, are not the two generally so much in one that they wear the same hat?

If so, then why say that your ulcers of the rectum should be sent to the hospital? It seems to me that it is as much our business to treat such cases as any others.

All cases giving anal symptoms should be carefully examined and nothing taken for granted. Neglect of such an examination is a professional fault—a wrong to the patient who applies to us for relief.

I will mention only one case, but he was as bad as they usually make.

A man of thirty-eight years came to my office for relief of constipation. He had suffered for several years, and was badly broken in general health.

He had consulted many physicians, and all had given one kind of physic or another, to which he had added daily injections, so that everything had to be liquefied, to pass an opening the size of a lead-pencil; and so much had he strained that he had ruptured himself on both sides.

Not one of all he had consulted had examined the anus.

I put him on the table and found an ulcer, which had so long irritated the sphincter muscles that they had contracted and were as hard and unyielding as gristle. Now, that man did not need physic.

The next day he took his injection, cleared the bowels, and came several miles to me; when I gave him ether, and stretched the sphincters till they were soft and yielding, and let him go home.

This was Saturday evening. He came to see me the next Monday, having been free from pain and only a little sore. I gave him some tonics and but little laxative medicine, and I never touched the ulcer again. That ulcer which had been at the bottom of all his sufferings was that easily cured.

Why should any physician beat in the highways and hedges to send such patients to the hospital?

It is hardly any use to try to distinguish fissures, chaps and ulcers from each other, for they are all readily cured in this one short and painless way, though there are constitutional states which often require attention.

E. CHENERY, M. D.

Boston, Mass.

GREGORY'S SALT. MAXIMUM DOSAGE.

Editor Alkaloidal Clinic:—Is it true that Gregory's salt is a combination of double chloride of morphine and strychnine? Castro states it so.

In a chronic case where prostration is great, how far can I push the dose of strychnine arseniate, so that it will not do any injury? Six granules three times a day, shortly before meals, don't seem to vitalize satisfactorily. How much arsenic and strychnine does one granule of arseniate of strychnine contain?

DR. G. N. HARCY.

Bellevue, O.

—:O:—

The statement made in Castro is a typographical error. Read "Chloride of mor-

phine and codeine" and you will have it right.

There is no limit to dosage except physiological effect. It is probable, however, that your patient requires building up more than energizing. We advise smaller doses of strychnine, combined with arseniate of iron, gr. 1-67, and Nuclein, Aulde, standard tablet. Give of these one each, every two hours. See to it that the bowels and kidneys are acting well, and that your patient takes abundance of nourishing food. Give digestives if necessary. You must have latent nerve energy, or else you cannot whip it into action with strychnine.

On the percentage combination of strychnine, quinine and iron, we quote from the CLINIC of February, '94: "The working formula of each is as follows: Strychnine arseniate — strychnine, 72.5 per cent; arsenic, 12 per cent; and water, 15.5 per cent. Quinine arseniate — quinine, 74 per cent; arsenic, 10.6 per cent; and water, 15.4 per cent. Iron arseniate — iron, 60 per cent; arsenic, 32 per cent; and water, 8 per cent. The above proportions are slightly modified by different methods of manipulation, but are as nearly correct as can be given. They are three of the best reconstructive agents we possess."—ED.

DIET AND CHARACTER.

Editor Alkaloidal Clinic:—In connection with Rosa Abbott's "If one eats pork he thinks pork," and Mr. H. Rice's remarks on page 417, I am well satisfied that food does affect character. I think it is true that the most powerful people, intellectually and physically, are those who eat a proportion of meat. And it is my observation that meat-eaters who become vegetarians for any extended period gradually lose that forceful, almost aggressive, element which is the foundation of modern progress and civilization.

With regard to different kinds of meat, the Esquimau is certainly very seal-like, the

Englishman of the previous century very beef-like, and the historic Indian very game-like. These, however, ate a major proportion of meat and little else, and therein, I think, lies the weakness of Rosa Abbott's statement.

In the mixed diet of modern life the proportion of any one meat to the whole amount of food ingested is comparatively small, and whatever especial characteristic force may go with it becomes subservient to the whole; just as a glass of wine aids the digestion of a hearty meal, although carrying serious and characteristic consequences if partaken of too largely.

There is a finesse to this subject, however, which for lack of knowledge I am not prepared to expatiate upon, and so will come at once to the very evasive point of my endeavor.

I have read somewhere, sometime, that the Russian government experimented with three regiments for a year each. At the end of that time the one fed heavily with pork meat showed surly, ugly, obstinate characteristics, the lamb-fed regiment grew mild and fairly talked against war, while the beef-regiment was brave, obedient, willing to fight but not ugly-fierce. I remember that the article said that nowhere but in Russia could such an experiment have been thoroughly carried out.

Perhaps some of the CLINIC readers can point more directly to the report of this experiment.

S. B. PRATT, M. D.

Boston, Mass.

BICYCLING FOR WOMEN.

Editor Alkaloidal Clinic:—I had intended in the May CLINIC to answer the question of Dr. Bell: "Whether Bicycles and Bloomers Injure Women?" I had written only a few paragraphs when after returning from an operation I removed a small particle of pus from one of my eyes; a purulent conjunctivitis followed, preventing

the close use of my eyes for a little more than a week. I did not think of it again until our good old Dr. Epstein reminded me of it in his "Notes."

I thought it my duty to reply, being a woman-physician and a bicycle-rider. But I have never adopted the bloomers and never expect to. As I am not a "scorcher," a skirt reaching nearly to my ankles is good enough for me, and has never given me any inconvenience except when I was learning to ride, making it somewhat difficult to mount, which resulted in a torn skirt. The only proper place to wear bloomers is in a gymnasium or a riding school. But after learning the art of mastering the wheel the bloomers should be discarded. A woman with bloomers looks less graceful on a wheel than her sister with a short skirt. To my judgment a woman appears more graceful on a wheel than her brother. The majority of men and boys who ride wheels in my town resemble dromedaries more than human beings. They go spinning about with head thrown downward, back humped and coat-tails flying. Who admires such a scene? Probably the legislature of Kansas.

As to the injury a wheel with a proper saddle does a woman, there is none if not ridden to excess. Over-eating is harmful, so is excessive riding. In speaking of the non-injurious effects of the wheel, I mean the moderate use of a wheel with an anatomical saddle.

As to the distance a woman should ride, a specified number of miles could not be given. One woman will ride twenty-five or thirty miles with less exhaustion than another could ride five miles. She should stop riding when she begins to get tired, or dismount and walk a short distance, which will rest her and then enable her to ride a longer distance with more pleasure and comfort.

A saddle should not be too long, but should be sufficiently wide to support the tuberosities of the ischia. A saddle which

allows the weight of the body to rest on the perineum is injurious to both man and woman.

I have not had a case to my knowledge where the sexual orgasm was aroused from pedaling, although I have heard of one case, but she used an improper saddle and her character was not above reproach.

I have heard of several cases where the wheel has done more for health of women than medicine. For fear of making my paper too long I will answer in a nut-shell. It has cured some cases of dysmenorrhea, constipation, hemorrhoids, insomnia and other neurotic disturbances; also improved the circulation where there was an organic heart-lesion. Such patients should be under the supervision of a physician.

It has also lessened the doses of morphine and lengthened the corset string.

I am sure the bicycle will do more for increasing the health and strength of women than any other one thing will or ever can do. To the physicians it will lessen the number of their gynecological patients.

Dr. Epstein speaks of the sewing machine versus bicycle. The posture the woman assumes with each is quite different. At the sewing machine she stoops forward to focus her eyes accurately upon her work. While in this position the pelvic contents bear the weight of the abdominal viscera which are pushed down by the corset steels. The motions of the legs are short and rapid, therefore a constrained position. The time employed at the sewing machine is frequently from morning until evening and always indoors.

A woman on a bicycle should wear no corset or one that is loose, sit erect, saddle so adjusted as to be over a point midway between the hub and front rim of the rear wheel, and at a height to get a full, free, slow sweep of the whole leg.

Equilibrium is maintained by the hands resting on the handle-bar, arms also bearing part of the body-weight. This gives exercise to the muscles of both extremities,

also the chest and abdomen. The wheel is seldom used more than a few hours each day, and always in the open-air.

I always enjoy the arrival of the CLINIC.

ELLA N. RITTER, M. D.

Williamsport, Pa.

—O:—

Dr. Ritter does not say a word too much in favor of the bicycle. It is regenerating the American woman and fitting her for her legitimate place beside her brethren.

—ED.

HYSTERIA IN THE MALE.

Editor Alkaloidal Clinic:—I was called at 9 p. m. to see C. W., aged twenty-one years; married; blonde; of nervous energetic temperament. I found him lying across the bed on his abdomen, with his head drawn back and one hand covering the back of his neck. He was apparently unconscious, and moaning as though in great pain. An effort to feel his pulse caused him to start violently, and with several sharp cries as though in great pain, throw himself into a different position on the bed, still retaining his hand on the nape of his neck. It was impossible to see the pupils, as the eyes were kept half closed. He had no appearance of a fever, in fact the face was pale, and it was impossible to use a thermometer.

Severe pain seemed the predominating feature, and as he had a history of spinal meningitis with recurrent attacks, I supposed that I had something of this kind to deal with.

As any effort to induce him to swallow seemed futile, I gave a hypodermic of morphine, gr. 1-4, and atropine, gr. 1-50; being obliged to give it through his night-shirt, as any effort to raise the sleeve met resistance and increased cries of distress.

There seemed to be hyperesthesia of all the organs of sense.

A storm was raging outside, and with each clap of thunder he would utter a suc-

cession of ohs! beginning with a sharp scream and gradually dying away.

The morphine and atropine were repeated in an hour, with no other perceptible effect than to cause slight flushing of the face and rambling delirious discourse about his daily affairs; and as he began to mutter about ice water, I prepared, in the hopes of getting him to sleep, a stiff dose of bromide of potassium, about sixty grains, in half a glass of water, and succeeded in getting him to drink the greater part of it.

By 12:30 a. m., as my remedies seemed to have had scarcely more effect than so much water, I decided to go for chloroform, which I did not have with me. I determined that I would at least quiet him until I could come to some definite conclusion as to his actual condition. But when I returned at 1 a. m. he was rubbing his nose, so that I concluded the morphine had at last begun its work; and as he was somewhat quieter I left him until morning.

The next day I found no fever, but he complained unceasingly of his back, so I applied caprine plasters the entire length of the spine. While doing so I noticed that I could press with impunity upon any portion of his body or spine, so long as his attention was directed to some other portion of his anatomy. I could press in the lumbar region while I was seemingly working at his neck and *vice versa*, without causing any outcry; but would meet with severe reproof for my brutality if he detected what I was doing. This began to open my eyes.

That evening his parents, who were informed of his illness, came to see him and brought their family physician, as he had attended the boy in former "severe attacks." After their arrival my patient was in as bad a state as on the previous night.

In consultation the doctor assured me that I had not a case of recurrent spinal inflammation to deal with, but had in fact, as I had suspected but had not fully con-

cluded, a large-sized "jag" of masculine hysteria on my hands. The physician informed me that the boy had at one time almost given him (the doctor) spinal meningitis, for a period of seven weeks, during all which time he had scarcely been able to get away from his bed-side long enough to attend to other cases.

A hypodermic of apomorphine, gr. 1-10, was administered while our patient was apparently in desperate straits. In ten minutes he was vomiting freely, and was as mad as the "old Nick." The systemic relaxation was sufficient to last all night, and the nausea kept him from thinking of his spine, so that by the next day he was all right, save for a strong desire to know "what the devil that was" I gave him that made him so sick?

I told him I never gave people medicine to make them sick; that I devoted all my energies to make sick people well.

That evening he was sitting on his back-porch engaged in target practice with a cat-rifle, and in a day or two will take a trip to St. Paul by boat "for his health."

For after-treatment I put him on Nuclein (Aulde) and tonic arseniates.

D. M. BLOUNT, M. D.

St. Louis, Mo.

—O:—

What after all was the matter with the youngster? What caused the hysteria?
—ED.

MALARIAL PNEUMONIA.

Editor Alkaloidal Clinic:—After a second reading of Dr. J. R. Jones' paper on "Pneumonia as Influenced by Malaria," page 73, February CLINIC, I will say that my experience, in the worst malarial belt of north Texas, for the past five years, has proved that his theory is correct.

I have treated only five cases of genuine pneumonia during that period and each one of these had run a course of from three to five days before I was called in. I have treated a great many cases that I diagnosed

as pneumonia, but which invariably would terminate in from twenty-four to seventy-two hours.

My treatment has been, when the temperature has been elevated above 102° Fah., and oft-times this is not the limit, even running to 106° Fah., with excruciating pain in the head, sharp pain in the lung about or near the nipple, white, furry tongue, etc., to give tincture of aconite, five drops; tincture of gelsemium, ten drops; bromide of potassium, five grains; in one teaspoonful of water.

Repeat every two hours for four doses, then every four hours until there is a remission in the symptoms which, as Dr. Jones says, occurs some time between midnight and 10 or 12 o'clock of the following day. I then push the quinine in large doses to its full physiological effect, then continue in smaller doses and longer intervals, as will be needed to keep up this effect until there is another rise in the temperature. I then stop the quinine and give the first prescription until there is a second remission.

I also use large doses of calomel in the beginning, or more properly speaking, at my first visit I give half a grain of calomel every hour for eight or ten doses; *i. e.* if the bowels are inclined to be constipated or even acting regularly.

I also use strychnine, glonoin, digitalin, etc., when a stimulant is required.

I never use alcohol in any form unless it is desired by the patient or family, and then in the form of egg-nog. I sometimes make a cantharidal blister when the pain can be exactly located with the finger. Morphine is rarely ever used, sometimes giving 1-4 grain combined with atropine, gr. 1-150, hypodermically, in the onset.

I think by this method I have aborted numbers of cases that otherwise would have run a natural course of from nine to fourteen days and perhaps some might have died; as I have treated patients of all ages and conditions.

The methods employed are not in strict accordance with the alkaloidal system of dosage, but then the effect is what we should strive for and in this it has been all that could be desired.

Dr. J. DeLeon, page 92, gives a treatment for croup which I shall be pleased to give a trial at my first opportunity, as I am always glad to learn of anything that will relieve this distressing affection.

R, C. WATTS, M. D.

Garrett's Bluff, Texas.

—:O:—

I note that doctors from the far South stick to calomel. If Dr. Watts would substitute aconitine and gelseminine he would be pleased.—ED.

CHOREA MAGNA.

Editor Alkaloidal Clinic:—Ollie A., male, aged fourteen years, six feet tall, slim; health has been run down for a year; had a peculiar look and actions for some time past; after a thunder-shower he seemed very much affected. His fingers seemed to be in motion and his face would make grimaces.

He was brought to my office on Tuesday evening. I pronounced the case chorea and I put him on strychnine granules and Fowler's solution.

On Wednesday morning I was called to see him, and found a jerking of the head, arms, legs and face, with such strong movements that two or three could not handle him. He talked very little, said he had no pain but could not control himself. I tried hot baths, ether-spray over the spine and several old-time remedies, and even inhalations of chloroform, but all to no purpose. He kept up the violent motions till Friday morning at two o'clock, when he died.

The text-books state that this is rarely a fatal disease. Why did all medication fail to make any impression on the disease or symptoms, which marched right on until

exhaustion claimed the case? I cleared out the bowels; he had no fever, no soreness, no pain, no vomiting.

Please insert this in your next issue, and give me all the light you can on the subject.

DR. F. E. KELLY.

La Moille, Ill.

—:O:—

The description is so obscure that I cannot decide whether the case is one of chorea, tetanus or strychnine poisoning. The latter could be excluded if we knew how much he had taken. Tetanus would have opisthotonos and convulsions, with lockjaw. Presuming that these were absent, the case was one of chorea magna; an unusual and dangerous form of the malady.

The treatment failed because it was not pushed with vigor. Chloroform will quiet any case of the sort if enough is given. Rectal injections containing a drachm of chloral have proved effectual. Glonoin has also shown itself efficient when given to produce the full physiological effect. Hypodermics of morphine, gr. 1-8—1-4, and atropine, gr. 1-67, have also been used with great advantage. When the worst symptoms have subsided, hyoscyamine and arsenic complete the cure.—ED.

HEMORRHAGEAL COITION.

Editor Alkaloidal Clinic:—I read the CLINIC with great satisfaction and have used a few of your remedies with very satisfactory results in special cases.

Upon the principle that "all vices are one" I have now and then to help a man who has collateral troubles. Can you suggest which remedies will hit a case like this?

Male; fifty-six years; full habit; light drinker and a man of generally correct life and good family. When he has connection he discharges a small amount of bloody matter, thin, so that the linen is

slightly soiled. He has no pain; never had any private diseases; no sign of stricture or any difficulty in passing urine; urine seems to be normal in quality and quantity. He has used sanmetto and other remedies of like nature; but gets no relief. There is no discharge at any other time; no pains at or near the prostate. I do not find indications for your granules in any books that I have of yours and would be glad to try that which you commend.

DR. W. E. GOULD.

Boston, Mass.

—:O:—

The case is difficult because the diagnosis is no clearer, but it seems to me there is a varicose condition of the prostatic plexus; and this may be relieved by hamamelis internally and hydrastinine. At any rate these will give the best chances for success. Of course rest and the avoidance of congestion should be prescribed, for a month, in order to avoid the hemorrhages and give nature a chance to heal. Try this and let us know how it results.
—ED.

VEGETARIANISM.

Editor Alkaloidal Clinic :—I believe it would be a matter of more than personal interest if Dr. Moffett, who writes in the May CLINIC, page 289, would answer the following pertinent (I trust he will not think them impertinent) questions :

How long has he been a vegetarian?

How did he become a vegetarian?

And how long does he expect to remain a vegetarian?

Is he married, and if he has children does he rear them as vegetarians?

Is he a rigid outstander, or does he make a gentle compromise in the matter of milk and eggs?

And if so, how does he justify himself in the case of the latter? (The former needs no justification.)

Has he ever tried his principle with his patients, and with what success?

Does he prescribe cod-liver oil and pepsin?

Did he ever make a proselyte, and if so, how long was it before his convert became a backslider?

Has he discovered the virtues of coconut butter in cooking?

M. G. MONTEIRO, M. D.

E. Boston, Mass.

PROCIDENTIA UTERI.

Editor Alkaloidal Clinic :—About fourteen months ago an unmarried lady, age about forty years, presented herself for treatment. Twenty years ago she placed herself under the treatment of a most excellent physician, and she was under his care until she came to me.

In the language of our *rurales medicinae patres* she was suffering from "chronic womb-trouble," and for the last eight years had been a semi-invalid.

In examination I found her affection to be procidentia uteri. When standing the os uteri protruded from the vulva. She also had a slight leucorrhoeal discharge.

Treatment: I confined the patient to her bed, elevating the feet to aid gravitation, gave a daily astringent antiseptic wash, Depleting and Antiseptic Suppositories (Dr. Abbott's formula) three times a week, and Buckley's Uterine Tonic.

I kept her on this treatment about eight months, then discontinued the suppositories, and supported uterus with Cutter's stem pessary, advising the patient to remove it on lying down. For the first two months she complained of the instrument giving her pain, and did not wear it regularly, but by frequent introduction and more correct adjustment she has been able to wear it with a reasonably fair degree of comfort. Last week she walked from her home to town, a distance of one and a half miles, this being her first visit from home for eight years.

The benefit derived from the treatment

has so far exceeded my expectations, that I deem it of enough importance to be reported. My patient is not "cured," nor do I think she ever will be, but the condition is so much improved that life will not weigh so heavily upon her.

J. L. FLEMING, B. S., M. D.
Trezevant, Tennessee.

—:0:—

Doctor, how do you explain the occurrence of procidentia in an unmarried woman?—ED.

REFLEX FROM INJURY TO THUMB.

Editor Alkaloidal Clinic:—I want help in the following described case:

Miss Odam, aged twenty-five, single, menses regular, is apparently in very good health. About two years ago she pricked one of her thumbs with a fish-bone on the palmar side, middle of the ball, which for a while felt as if a piece of the bone was still remaining. She could, however, find nothing, and forgot the occurrence.

Not a great while afterward, she felt a pricking sensation in one of her thumbs, in about the same locality, but could not call to memory the former hurt. Soon the thumb began to swell, the pain and pricking sensation to increase, so that she decided that she had a felon. It went on to supuration and opened spontaneously. The edges did not turn out as felons usually do, and there was no exfoliation of bone. In due time the wound healed, but the thumb remained stiff and tender, so much so that she had never been able to use it in any way.

Although the flesh has atrophied and the thumb is much smaller than the other, yet the skin feels tight and the thumb imparts a throbbing sensation to the examiner when taken in the hand. She feels the throbbing all the time, but more intensely when she has the attacks to be described.

The attacks, or "spells," as she calls

them, come on regularly every Saturday night, commencing about sundown, without ten minutes variation in time; and she has had but two others, which came in about the middle of the last two weeks. They are ushered in by an increase of the throbbing in the thumb, a pain more or less sharp running from it up the arm and into the sides and head. She says the pains go all over her; the head aches intensely, and she gets cold and shakes as though she had a chill. Symptoms of prostration with dyspnea and weak pulse supervene, all of which pass off before morning, she sleeping perhaps a little during the first part of the night. She is apparently as well as usual the following day. The symptoms are very much those of hysteria, the exciting cause being that of the diseased condition of the thumb.

Now, what is the matter with the thumb? Is there a spicule of the fish-bone irritating the nerve and the accumulated irritation explodes in a paroxysm as above described? If so, would surgical interference cure her? Would amputation of the thumb under the circumstances be advisable?

She says she would gladly part with it, if it would cure her. She has had anti-hysterical remedies, nerve-tonics, etc., and glonoin during the attacks.

What is the diagnosis and what shall I do for her?

J. M. THORNHILL, M. D.
Poplarville, Miss.

—:0:—

By all means lay the thumb open freely, cutting down to the bone, and remove the irritating spicula. If she were here we could locate it with the X ray. The thumb ought not to be sacrificed. Give her hyoscyamine and strychnine arseniate to allay nervous irritability, a granule of each every hour each day until slight redness of the face is manifested. The diagnosis of hysteria is an insult to the unfortunate girl.—ED.

DR. CALDWELL'S CASE.

Editor Alkaloidal Clinic:—I see in your January number, page 45, a case of "Sexual Neurosis" reported by Dr. Caldwell. I had a case exactly like it and used the identical treatment the editor recommends, except that I gave her "Ferri Mang. Peptonat." for about two months. The girl, twenty years of age, is now strong and healthy. She had been ailing since her second year and had been treated by many doctors, each of whom diagnosed the case differently.

We have at present an epidemic of typhoid fever. Send me the alkaloids to test in typhoid.

A. CHAS. Dogge, M. D.

Helena, Mont.

—:O:—

Even in the pure air of Montana we find typhoid prevalent. Reinforce the leucocytic army with Nuclein (Aulde) and cut off the reinforcements of the invaders by antisepticizing the bowels with the sulphocarbolates, destroy the infective germs in the stools, and typhoid will cease to be a thing to be dreaded.—ED.

APPENDICITIS OR IMPACTION.

Editor Alkaloidal Clinic:—I enclose order for first year's subscription to the CLINIC. I have had some experience with alkaloidal medicaments and must say that I get excellent results from them. In the administration of active principles alone great care and study as well as great judgment are necessary.

In my first copy of the CLINIC (January, '97) I was very much interested in Dr. Case's appendicitis, and would like to offer a suggestion as regards the diagnosis of this serious disease. Many cases of so-called appendicitis are merely fecal impaction of the cæcum, and as the patients mentioned in the article all recovered after the bowels were moved, it leads me to believe that

most of the cases, at least, were suffering from cæcal engorgement, or impaction.

I have treated several such cases with salines (cautiously pushed) and the long rectal tube with very gratifying results, and for a long time believed I had cured my cases of appendicitis in this way. In real appendicitis we are almost certain to have recurrences and in the vast majority of cases reported as cured by medication I am sure the appendix was not involved, but the cæcum packed with hard fecal matter and undigested food. In two cases I saw operated on for appendicitis the condition of impaction was present, but the appendix was healthy.

LEROY A. NEWTON, M. D.

Walpole, N. H.

—:O:—

Yes, Doctor, the use of alkaloids requires study and care; but when the study has been given you are a better doctor and have better weapons at your command.—ED.

FASTING: A QUERY.

Editor Alkaloidal Clinic:—A Catholic priest came to me a few days ago, for information and advice, regarding the irregularity of meals, which a priest is subject to under the rules of the Church. These rules imply that a priest must abstain from food and drink on the day he says mass, till the service is over. This priest, saying mass at two different parishes, gets his first meal on Sunday at about 2 o'clock p. m. and takes his supper at six on Saturday evening, making an interval of twenty hours between meals.

The irregularity does not seem to agree very well with the reverend gentleman and he complains of headache on Mondays. Now the question is whether these headaches are caused by fasting so long or by composing and delivering his lectures.

Would it be advisable for the priest to take his supper at a late hour, or to take

his regular meal at six and another one at a late hour on Saturday night?

Is it best to eat a full or a light meal after fasting so many hours?

Does strong wine have any ill effect on an empty stomach?

Can the editor or any of the CLINIC readers devise a plan by which the priest may continue the irregularity of meals without ill effect?

DR. J. MUELLER.

Rock Dale, Wis.

—:O:—

It would be advisable for the priest to take a light meal just before midnight; such as would not interfere with his rest. A bowl of hot milk with toast or crackers would be about right. The first thing taken after long fasting should be of a character to afford sustenance speedily; such as a little nutritious broth; then a full meal following shortly afterwards. Strong wine is objectionable at any time, but it is worse on an empty stomach.—ED.

HELP WANTED.

Editor Alkaloidal Clinic :—I have received your "Pocket Therapeutics," and carefully looked through it hoping to find a remedy which I am very much in need of, but such a one it does not contain.

It is one that would suit a case, the symptoms of which are the following: Obstinate and constant vertigo; heavy, dull feeling about the head; constant disposition to sleep; no headache; vision very imperfect, but this is not much to be noticed, as the subject is advanced in years, but there is likewise double vision; no pain, and no fever at any time.

The subject is of nervous temperament, and nearly all his life had chronic indigestion, but never any other disease; no organic ailment whatever.

About five years ago he was taken down with nervous prostration accompanied with painful and obstinate dyspnea, from which

he after a while nearly recovered, though recently it has in a measure returned. There are no symptoms that indicate a cardiac origin, except this obstructed respiration, the circulation being perfectly regular and normal. There is at times a slight cough, attended with the sensation of a tough, tenacious phlegm in the throat, hard to dislodge, and a constant disposition to swallow, which is somewhat difficult.

If the case was attended with pain in the head I should be inclined to regard it as organic disease of the brain, but this being absent I don't know what conclusion to form about it. If the head trouble was the result of the indigestion I should think it would have appeared long before it did. On the whole, the case is somewhat of a puzzle to me.

Another symptom which I have failed to mention is at times a constant disposition to yawn and gape, and when not successful the failure is attended with a feeling of much depression for a while.

The patient is greatly inclined to a dread of evil, apprehensive, timid, despondent, and in dread of death. He is able to take moderate exercise in walking and riding.

This is an obscure case to me, but I hope not to you, and that you will be able to furnish me a suitable remedy with which to treat it.

SAML. W. EATON, M. D.

Creek, N. C.

—:O:—

The case as presented is obscure to me, as there are several possible causes for the symptoms, such as disease of the kidneys, the brain, the arteries and the digestive organs.

On the doctrine of probabilities I would take up the last-named hypothesis. First empty his bowels by brisk purging with Seidlitz salt, in doses of a tablespoonful every four hours. Aid this by enemas of half a pint of cold, saturated solution of table-salt, follow with the laxative granules

in doses sufficient to keep the bowels free; and, if needed, add the antiseptics.

Meanwhile, keep up the vital forces by Nuclein (Aulde), two minims four times a day, and strychnine arseniate, gr. 1-134, two to four granules, four times a day.

Also examine the urine, and see if the low specific gravity, with a trace of albumen, indicates interstitial nephritis.

The further history of this case will be of interest. I doubt if there is so fruitful a field for investigation as the diseases of the aged.—Ed.

CANCER.

Editor Alkaloidal Clinic:—Your journal is indeed a love-feast; your Brief Therapeutics a counseling companion of worth, and your laboratory products, par excellence. I consider it a blessing to be a member of your family. The originality of its members, the fatherly counsel of the editorial staff, the scientific and masterly make-up, give us a journal dearly beloved.

I have a cancer patient, description and treatment of whose case may interest our family and also be a means of my receiving further knowledge.

Mrs. D., forty-seven years of age, married twenty years, weight 165 pounds, came to me May 10, 1896. Examination revealed upon her left breast, one and three-fourths inches toward the clavicle from the nipple, a nodule scarcely as large as a silver dollar, and another in the axilla as large as a chestnut. There had been only occasional shoots of pain.

I advised surgical operation at once, but as the surgeon's knife is a horror to the masses, and my patient was of this class, it was useless to insist upon this procedure. However, I informed her of the consequences of neglect, and gave her a few Waugh's Anticonstipation granules and Protonuclein.

June 1, she again called to see me. It is indeed remarkable how rapidly these

nodules had enlarged. In three weeks they had grown fully twice as large as when first examined.

I again advised and insisted that the knife was the only cure, and unless this were done she would not live six months. She was now suffering untold agonies, which aided in inducing her to submit to an operation.

We operated June 10, by removing the entire glands of the breast and axilla, there being nothing eventful in the operation. I saw the patient every day and put her on Protonuclein and elixir of quinine, iron and strychnine. She improved very rapidly until the fourth week, when sepsis set in, the result of careless dressing. This I overcame with peroxide of hydrogen and aristol, with the former treatment. I advised a continual use of the same for six months, with absolute rest.

She visited among friends in September. I heard from her occasionally, and the reports were flattering for her ultimate recovery. She did her entire house-work after the first of October, against my advice, and on January 5, a nodule appeared in the cervical region.

This I injected with Protonuclein special, three times, and again lost track of the patient until July 3, '97, when she again presented herself. I again found a nodule forming on the breast, below the cicatrix of the first operation, for which I again am using Protonuclein.

I am unable to decide as to a secondary operation, nearly all authorities saying they are not very successful; but I cannot understand why they should not be. I have advised this to be done, but my patient has decided to let it go with medicinal treatment.

The growth is giving much pain at intervals which I control with codeine. I am also giving Nuclein solution and sulphide of calcium.

I would be pleased to know wherein the treatment could have been improved, and

what treatment would be best at this period. Any suggestion from the CLINIC family will thankfully be received.

G. S. STAUB, M. D.

St. Johns, O.

—:O:—

Cicutine relieves the pain; from two granules daily up to any requisite quantity. Push the Nuclein to full dosage, and add the iodide and sulphide of arsenic, four granules of each, daily.

A friend recently told me that during the occurrence of an acute dysentery, his wife's cancer improved in appearance and even showed signs of healthy granulation. There may be a valuable hint in this, as relief often follows the use of the eliminants like *phytolacca*.—ED.

PRURITUS.

Editor Alkaloidal Clinic:—You ask about pruritus, caused by heat or hot weather. We have two or three varieties: "Nettle-rash," heat and a chronic form which attacks the vulva in women and the scrotum in men.

Urticaria is said to come on from some disturbance of the stomach.

For this I give the acid iron tonic: Nitromuriatic acid, one ounce; sulphate of iron, sixty or eighty grains. Mix; let stand twenty-four hours. Dose, ten to twelve drops, diluted to taste and sweetened if desired, three to five times a day. Externally, apply carbolic acid, ten drops; chloral hydrate, ten grains; water, one ounce. Shake well together. Apply without rubbing, but if the rubbing is a relief, rub it well. The itching ceases immediately. It may be repeated as often as necessary, but usually once is sufficient.

"Heat": Fine, little blisters, in countless numbers, all over the surface; usually on the back, inside of legs, on the legs and arms; caused by profuse sweating. Change the diet from meat to vegetables, mostly; avoiding salted meats entirely. Bathe with

carbolic acid, one drachm; acetate of lead, one drachm; water, one pint; two or three times during the day and on retiring. A mild saline cathartic added before breakfast is also a good thing.

Fehr's or Maltbie Ph. Co.'s talcum powder is a fine addition in infants.

Pruritus of the vulva or scrotum: Bathe the parts in warm hamamelis (witch hazel) bark tea, leaving the warm cloth on parts for several minutes; remove it and dust with plain powdered borax (biborate of soda), or a solution of one drachm to three ounces of water, leaving cloth on till dry; or, make the following (Boralide): Boric acid and acetanilid, equal parts; rub well into a fine powder. Apply well and thickly all over the parts by means of a perforated top box, cover with cotton and a bandage, or rub up powder with glycerin to a fine paste. In men use a good suspensory, and redust every twelve or twenty-four hours without the glycerin. Women should be careful to wipe the parts off after urinating, and redust the labia, separating them, to facilitate the powder getting all over the parts.

Much stress is laid by some writers that this trouble is caused by exudates from the vulva. In such cases the irritation shows in open sores or abrasions, while the pruritus of which I speak seems to be down in the skin between the skin and muscles, fine little pimples or nodes. Unlike urticaria, it is very persistent and slow to cure. I have found the saw palmetto extract a good internal treatment. But the irritation and itching are removed immediately by the powder.

The itching that shows on the surface can be treated the same way as the other variety. The treatments above enumerated are those that I have used for years after a trial of almost everything else. In our climate we have a large amount of these minor skin troubles.

DR. BEN. H. BRODNAX.

Brodnax, La.

PSORIASIS. MORPHINISM.

Editor Alkaloidal Clinic :—Drs. J. M. W. Cannon and F. Jordan describe cases of psoriasis in July CLINIC, pages 417-18. An attack of psoriasis can be easily cured but is apt to return.

Treatment: Give your attention to your patient's general health, correct any dyspepsia, constipation, lithiasis, malaria, anemia, etc.

Local treatment: Remove the scabs with hot water and soft soap, and if the case is acute apply olive oil. When chronic, the following will cure: Chrysarobin, gr. xxx; petrolatum, one ounce.

Direct: Apply to each spot twice a day.

Chrysarobin, gr. xxx; ether and alcohol, q. s.; collodion, one ounce.

Direct: Paint over the spots after removing the scabs. Also, give, as the editor suggested, arsenic and two or three tablets of thyroid extract, t.i.d.

Carry out this treatment and you will cure every case.

Arsenic sulphide has also served me well.

W. W. D., "Morphine Habit," page 412: I see you are trying to help your friend to shake off this terrible habit, and you ought to have the help of the CLINIC readers. I will give you mine. You need but three drugs to cure your patient, and use them, brother, with a bold hand and you will be crowned with success.

First get your patient to place himself in your hands and be truthful with you.

On the first day cut down his morphine one-third, and in the morning give him hypodermically strychnine nitrate, gr. 1-80. In the evening after supper repeat it. If there is trouble at night with insomnia, give hyoscine hydrobromate, gr. 1-250, or what you find necessary.

Second day, same treatment, but cut down morphine two-thirds.

Third day, give strychnine nitrate, gr. 1-25, morning and night and a small dose of morphine. Give hyoscine at bed-time.

Fourth day, give no morphine; other treatment the same.

From this on every third day increase the strychnine nitrate, lessen the hyoscine and substitute trional. If necessary, carry your strychnine nitrate up to gr. 1-12 or 1-10, twice a day.

This will make some of the CLINIC readers jump, but I say, give it with a bold hand, watching its effects each day as you increase. I have seen a friend give as much as gr. 1-8 twice a day with no bad effects and a permanent cure, and your results will be the same.

At the beginning, if your patient suffers very badly for morphine, give some codeine in its place. Give tonics to suit the case, and watch your patient closely; and when you have stopped the craving for the morphine, drop your strychnine down gradually.

I would be pleased to hear from you about this case.

H. W. FRANCIS, M. D.

Osmond, Fla.

—O:—

Very good for some cases; but strychnine in doses of gr. 1-40, sometimes makes the head ache unbearably.—ED.

TURPENTINE AS A MEDICINE.

Editor Alkaloidal Clinic :—In the July number of THE ALKALOIDAL CLINIC Dr. Brodnax gave an article on "Summer Troubles" in which he strongly recommends turpentine infusion in the treatment of intestinal disorders. Now, if there are any paramount properties contained in turpentine, or if it has any advantages over other preparations I am unable to see them.

Turpentine is obtained from different localities, varying as much in quality and density as the localities from which it is received. The rectified oil of turpentine is the only preparation of the drug that is used in medicine, and it consists of a volatile oil. In connection with water it forms formic and succinic acids, which no doubt are generated when it is diffused into the

system. By agitating turpentine with warm water we get the acid reaction as given above. These acids act as irritants on the entire economy, producing the physiological phenomena obtained from the use of this drug.

Turpentine is rapidly absorbed, whether taken internally or applied externally, producing its characteristic effects according to the amount employed. It acts as a stimulant only by irritation; and in lethal doses it has a depressing effect, producing paralysis of respiration and of the heart, followed by collapse and death from exhaustion or asphyxiation. This however, may only be observed in children.

When taken into the system in medicinal doses, turpentine causes a burning sensation in the stomach, the patient complains of thirst, the nervous system is stimulated, there is excitement of the circulation, increased respiration, the urine is increased in solid contents and in quantity, and if the dose be increased it may cause headache, vertigo, impaired vision, vomiting, pain in the loins, purging, with tenesmus and strangury.

Kobert says that medicinal doses of turpentine increase the blood-pressure, by "powerfully stimulating the inhibitory reflex center, and also the vaso-motor center." The drug is diffused into the brain, as Bartholow has observed, having a direct influence upon the cells of the cerebral lobes. Thus its effects are mainly manifested through the nervous system.

It acts on the intestinal mucous membrane as an irritant, producing inflammation, which is the cause in at least some of the cases, for the passage of blood in the stools. If it acts as rubefacient externally, how much more will it do so internally where it is confined?

If the dose be continued for some time it sets up nephritis, with intense congestion of the kidney, causing diuresis and in some cases hematuria, depending to some extent upon the susceptibility of the patient to this drug. An occasional dose may not

produce any ill-effect, but why use this drug at all, when the *Materia Medica* is full of carminatives and intestinal antiseptics far superior to it and without the bad effects produced by turpentine?

The sulphocarbolate of zinc is all-sufficient in most cases where an intestinal antiseptic is indicated; and, as the editor has remarked in his comment on Dr. B's paper, the oil of cinnamon acts very nicely as a carminative.

But there is one other complication of which I wish to speak, rather remote, but no less potent, and that is the after-effect that turpentine has upon the kidneys. I have known of several cases, one of which was my brother, where the continued use of turpentine was followed by nephritis from which it took him months to recover. In these cases the nephritis could be traced to nothing else than the too free use of turpentine. Whether the kidney ever regained its normal tonicity or not I am unable to state, but may not the too free use of turpentine be one of the predisposing causes of nephritis?

In conclusion I will say that the function of the kidney, in the elimination of the waste products and poison toxins of the system, should not be irritated so that the physiological function is lost at the time when we most need it.

J. W. NIXON, M. D.

Soldier, Kas.

—:O:—

All volatile oils in small doses stimulate the dialysing membrane of the kidneys, increasing the excretion of solids and of water. If the dose be increased, hyperemia and finally acute inflammation are produced. If long continued in moderate doses, the same effect results as in the use of alcoholic stimulants upon the digestive functions—the organs grow accustomed to the artificial stimulus and act but sluggishly without it, while hyperplasia of the connective tissue elements and atrophy of the glandular cells gradually supervene.

Now, Dr. Brodnax, Dr. Nixon has put his case against you fairly, with an admirable absence of personalities, but on purely scientific grounds. You are free to defend yourself upon the same lines, and from such discussion we shall all become wiser together.—Ed.

ABDOMINAL ABSCESS.

Editor Alkaloidal Clinic :—I am in trouble about the following case and hope you can help.

In September, '96, Mr. A., a farmer, aged forty-eight, had an attack of diarrhea, passing blood and mucus. Under rest in bed, appropriate diet and bismuth he soon improved and was at work. During the next four months his digestion was poor, with occasional attacks of diarrhea. He kept about his work on the farm, but his strength began to fail.

In February, '97, he again had an attack of fever, pain and diarrhea. He this time also passed blood, pus and mucus freely and often. There was considerable distention of the abdomen. On the left side the muscular wall was as hard and as thick as a board. The divisions of the rectus muscle could be felt along the edge as indentations in the edge of the hard muscle. The right side of the abdomen was perfectly soft and was not tender to deep pressure. The fever subsided in two weeks, and he improved again enough to dress and go out.

In April, '97, he had another severe attack of diarrhea, with bloody and mucous stools and pus; very little pain, only just before a movement of the bowels. By this time emaciation was very marked. He was very weak, kept his bed, had no fever; tongue moderately coated, not glazed; night-sweats; legs swelled; anemia very grave, no color in the conjunctiva. He was too weak to get up and remained in bed. The diarrhea was so severe that the stools passed into the sheets, with very little control. Appetite good.

He was now ordered to use rectal injections of warm alkaline water to remove mucus, followed by an astringent injection after the bowels moved; and was given stimulants, tonics and salol internally. Under this treatment he again recovered enough to get up, dress and go out doors. There was no fever this time.

Since April emaciation has not proceeded much, and the diarrhea has not been nearly so bad; still, he does not appear to be doing much more than to hold his own. The tympanites has increased, and the board-like hardness of the left rectus abdominis still remains. He has been taking salol since April. It diminishes the mucus and pus and seems to relieve in a measure the diarrhea.

In this northern country we do not have chronic dysentery. There is more apt to be a tuberculous condition of the bowels. There may be a carcinomatous condition.

The family history is good; parents, sisters and brothers are all living and healthy. He has never been sick before; always worked out-doors; has never been away from home to get any specific trouble.

Will someone tell me what is the trouble? Can he recover, and how should he be treated?

D. W. Ross, M. D.

Florenceville, N. B.

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That he has been benefited by salol and flushing the lower bowel shows that the case is one of suppurative inflammation of the colon. The history hardly resembles that of cancer, but there may be tuberculosis. But I would rather suspect that a foreign body has provoked the inflammation, which has spread to the neighboring parts, causing localized peritonitis.

At any rate, I would consider it a proper case for immediate surgical treatment; cutting down into the seat of the disease and being then guided by circumstances.

If this is not possible I would give him the W.-A. Intestinal Antiseptics, in full doses, and large antiseptic enemas daily.—Ed.